



*Carberry Small Animal Veterinary Clinic*

204.834-2033

info@carberryvet.ca

### DROP OFF EXAMINATION FORM

Client:

Patient:

Today's Contact Numbers: \_\_\_\_\_ or \_\_\_\_\_

Reason for visit:

Has your pet experienced any of the following?

Vomiting?	Y/N	How Often?	Since:
Diarrhea?	Y/N	How Often?	Since:
Coughing?	Y/N	How Often?	Since:
Sneezing?	Y/N	How Often?	Since:
Poor Appetite?	Y/N	Since?	
Decreased Activity?	Y/N	Since?	

When was your pet's last meal?  
And what do you feed?

Drinking behaviour: More/Less/Same  
Urination: More/Less/Same

Please list any medications/supplements your pet is currently taking and when they were last given:

#### AUTHORIZATION AND CONSENT

I, the undersigned owner/authorized agent of the above listed patient, hereby authorized Carberry Small Animal Vet Clinic and its staff to administer veterinary care to my animal. I understand that an estimate of the fees for veterinary services will be provided to me prior to service and that I am encouraged to discuss all fees related to such care before services are rendered. I agree to assume financial responsibility for the care provided here. All patients are discharged at the end of each business day; I realize that I am responsible for arranging pick up of my pet prior to the end of the business day. If emergency treatment is required and I cannot be reached, I authorize that life preserving action be taken for my pet until I can be contacted. I agree to assume full and complete financial responsibility for the balance of ALL services rendered (we accept cash, Interac, Visa, MC) at the time my pet is discharged.

***There is a \$12.50 day-care/drop-off fee per animal.***

- Blood work \$40-130.00
- Ear swab and clean - \$39.00
- X-Ray initial set \$95
- Urinalysis \$35-55.00

Signature of Owner/authorized agent: \_\_\_\_\_