



VETERINARY CLINIC

Austin Vet Clinic

3100 W Oakland Ave
Austin, Mn 55912
Ph. 507-433-5225
Fax. 507-433-9228

Sick/Drop off Form

Client ID (Office use) _____

Today's Date: _____

Owner's Name: _____ Pet's Name: _____

Why is your pet visiting us today? _____

When did it start? _____

Where was your Pet(s) last seen? For what? _____

List any Medications and/or Supplements your pet is on: _____

Brand of Food your pet is eating: _____

Has your pet traveled away from home in the last 6 months? Where? _____

If the veterinarian deems it necessary, which of the following diagnostics can be performed?

<input type="checkbox"/> Fecal analysis \$40	<input type="checkbox"/> Urinalysis \$50
<input type="checkbox"/> Bloodwork \$140	<input type="checkbox"/> X-rays \$125
<input type="checkbox"/> Heartworm/Tick disease test (Dog only) \$40	<input type="checkbox"/> FeLV/FIV test (Cat only) \$35
<input type="checkbox"/> Ultrasound \$50	<input type="checkbox"/> Other _____

Can we sedate your pet if needed for diagnostics if they are too nervous?

Yes

No

I understand that the procedure may have risks, side effects, and unforeseen complications, and I understand results cannot be guaranteed. The veterinarian(s) will take necessary precautions to prevent and minimize unforeseen conditions. In the event a complication, reasonable medical measures will be taken and may incur additional expenses. I will not hold Austin Veterinary Clinic, the veterinarians or any staff member liable for any complications that may arise.

If my pet has a severe complication:

Yes, please try to resuscitate

No, please do not resuscitate

I have read and agree to this consent form. I understand I am financially responsible for all services rendered and payment is due at time of services.

Client Signature _____ Date _____

Phone Number I can be contacted with today _____

Please return this form completed when bringing your pet in for their appointment.