

**Drop Off Form & Patient Medical History for Knoxville Animal Clinic, LLC 2018**

*\*Signature required on back of page for consent to treat your pet\**

**I) Owner Contact Information**

Owner Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Animal(s) Name: \_\_\_\_\_

**Provide all phone numbers where we will be able to reach you today (required):**

**Cell Phone** ( ) \_\_\_\_\_ - \_\_\_\_\_ **Home Phone** ( ) \_\_\_\_\_ - \_\_\_\_\_

**Work Phone** ( ) \_\_\_\_\_ - \_\_\_\_\_ **Spouse cell** ( ) \_\_\_\_\_ - \_\_\_\_\_

**II) Patient Information:**

1. Canine \_\_\_\_\_ Feline \_\_\_\_\_

3. Male Neutered \_\_\_ Male Intact \_\_\_ Female Spayed \_\_\_ Female Intact \_\_\_ Unknown \_\_\_

3. Approximate Age or Date of Birth \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

**II) Medical History:**

**1. Is your pet on monthly heartworm preventative? YES or NO**

Last date given: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of heartworm prevention given: \_\_\_\_\_

**2. Is your pet on flea and/or tick preventative? YES or NO**

Last date given: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of flea/tick preventative given: \_\_\_\_\_

**3. Does your pet have any known allergies to food, medications, or vaccines? YES or NO**

**\*If you circled yes, please list known allergies here: \_\_\_\_\_**

**\*If your pet had a reaction to a vaccine, please indicate approximate date of last known vaccine reaction: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**III) Please list ALL medications your pet is currently taking, including over the counter medication, nutritional supplements, along with prescribed medication:**

1. MEDICINE: \_\_\_\_\_ DOSE: \_\_\_\_\_ Time: AM\_\_ Noon\_\_ PM\_\_

2. MEDICINE: \_\_\_\_\_ DOSE: \_\_\_\_\_ Time: AM\_\_ Noon\_\_ PM\_\_

3. MEDICINE: \_\_\_\_\_ DOSE: \_\_\_\_\_ Time: AM\_\_ Noon\_\_ PM\_\_

**IV) Additional Information Regarding Your Pet(s):**

Normal diet (brand): \_\_\_\_\_ Total cups/cans fed per day: \_\_\_\_\_

Has your pet had any vomiting, diarrhea, or human food in the last 3-4 days? YES or NO

**\*If yes, please list human food eaten by pet: \_\_\_\_\_**

When did you pet last eat or drink? \_\_\_\_\_

**\*CONTINUE TO NEXT PAGE/BACK OF FORM- SIGNATURE REQUIRED\***

**Boarding, Day Boarding, Drop Off, & Grooming Policies for KAC, LLC:**

All day boarding, boarding, and grooming animals are required to be up to date on vaccinations and free of parasites, fleas, and ticks. If your pet is not up to date on vaccinations and/or parasites, fleas, or ticks are detected on your pet, a physical examination, appropriate treatment, and/or vaccinations, will be given to your pet(s) and charged to your account.

**Required canine vaccinations for boarding, day boarding, and grooming include:** Rabies, Distemper, Parvovirus, Bordetella, and canine influenza H3N2/H3N8. **Required feline vaccinations include:** Rabies and Distemper. Examination by a veterinarian is required if your dog or cat needs to be vaccinated and/or if your pet is sick at the time of arrival. Fecal floatation will be performed if your pet has not been screened for internal parasites within 12 months prior to arrival date. Fecal floatation will be required if your pet is not currently receiving monthly internal parasite prevention. If your pet is displaying symptoms or is suspected of having an infectious disease, which could be transmissible to other animals in our clinic, arrangements to have your pet discharged or transferred to a referral facility may be required.

Clients must complete the required forms at the time of arrival. Forms must be completed by the owner with instructions including, but not limited to, medications, feeding instructions, personal belongings, grooming requests, and appointment requests for your pet to be seen by a veterinarian. If the forms are not completed, KAC, LLC cannot be responsible for giving or dispensing medication, feeding instructions, personal belongings, veterinarian requests, or grooming requests. Clients are required to leave a valid phone number where we can reach you during normal business hours in the event of an emergency or question regarding your animal.

Cancellation policy for boarding and grooming reservations requires a 24 - hour notice before arrival date. Cancellation fee for grooming is \$20. Cancellation fee of a 50% of your scheduled boarding reservation will apply and be charged to your account. There is no late fee to pick up your animal and can be picked up any time until 6:00 pm on scheduled departure date. If your plans change and you cannot pick up on the day of departure, please notify us immediately. For safety of our staff and security purposes, KAC, LLC does not allow after hours, holiday, or Sunday pick up for boarding animals or patients.

**KAC, LLC Day Boarding, Boarding, Drop Off, & Grooming Policies & Release for Treatment:**

**Release for treatment:** I the undersigned do certify that I am the owner, or authorized agent of the owner of this animal(s); that I hereby authorize Knoxville Animal Clinic, LLC, their agents and representatives, to perform medical or surgical procedures, physical examinations, anesthesia, x-ray, administer drugs, or other such treatment(s) as the veterinarian deems necessary while day boarding, boarding, and grooming patients. I agree to accept responsibility for the payment of all services rendered.

All day boarding, boarding, and grooming animals are required to be up to date on vaccinations, free of parasites, fleas, and ticks. If your pet is not up to date on vaccinations and/or parasites, fleas, or ticks are detected on your pet, a physical examination, appropriate treatment, and/or vaccinations, will be given to your pet(s) and charged to your account.

In the event this account is referred to an outside agency, credit reporting bureau, or attorney for collection, I agree to pay all attorney fees, collection costs, court costs, and/or any other expenses incurred during collection. I hereby state that I have read this release, that I understand the agreement and that I may request a copy of this agreement. I have read and understand all KAC, LLC policies and agree to terms as described above for boarding, day boarding, grooming and drop off patients.

**Signature Required:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_