



St. Francis Animal Hospital- EXOTICS

Drop Off Treatment

Email: appts@sfah.net Phone: 706-860-6617

Patient Name: _____ Age: _____ Date: _____

Owner's Name: _____

STAFF USE: Weight: _____ Temp: _____



What will we be seeing your pet for today?

Primary Complaints (Circle All that apply):

Vomiting	Diarrhea	Blood in Stool	Blood in Urine	Inappropriate Urination	Difficulty Urinating	Increased Thirst
Anorexia	Lethargic	Hair loss	Itching	Sneezing	Difficulty Breathing	Coughing
Eyes	Ears	Painful	Lameness/Limping: Left Front	Right Front	Left Rear	Right Rear
Growth/Lump/Wound Location:	<p>This form is your primary communication to the doctor. Please complete it thoroughly and note any concerns that need to be addressed today.</p> <p>*Drop Off Walk Ins Only: For Drop Off appointments we will call you as soon as we complete the exam to discuss treatment recommendations and discharge time.</p> <p><u>For exotics, we prefer that you remain in the parking lot until a doctor has initially assessed your pet.</u> PLEASE NOTE THAT IF YOU CHOOSE TO WAIT ON YOUR PET AFTER DROP OFF, WE CAN NOT GUARANTEE WAIT TIMES.</p>					

Please circle one below.

How long has this been going on/when did it start.

Drinking: Increased _____ Decreased _____ No Change _____
Appetite: Increased _____ Decreased _____ No Change _____
Defecation: Increased _____ Decreased _____ No Change _____

Please provide an image or best description of the enclosure. You can text images to 706-860-6617. Include temperatures and humidity as well as type of light and hours of light exposure for reptiles/amphibians.

What food (include all snacks, type, and amount of hay, treats) is your pet on? _____

Is your pet on any medications? Include all supplements please. (List frequency and route of administration: ex. Dusting vs. gut-loaded calcium vs. vitamin for reptiles) _____

Does your pet have any chronic health issues or previous surgeries? _____

If possible, today do you want any of the following done:

Wing & Nail Trim (\$55) _____ Wing clip (\$35) _____ Nail Trim for exotic (\$23) _____

The examination is \$80. *Current Patient Non-Scheduled Fee \$43 /New or Lapsed Patient \$60.

What amount of money can be spent on diagnostics, treatments, etc. without further consent? (Please initial)

Exam fee+ _____ \$300 _____ \$300-\$600 _____ Unlimited _____ Other - please specify (\$ _____)

Payment will be due in full when services are rendered & deposits will be asked for urgent care.

Signature of Owner/Agent _____ Date _____

*Name of Contact for the phone number listed below _____

Phone No. 1) _____ Alternate No. 2) _____