Sage Creek Animal Hospital

102-50 Sage Creek Blvd
Winnipeg, MB
R3X 0J6
Phone: (204)255-1150
Fax: (204)255-1244

Sick Patient Drop-Off Form

1) Client and Patient Information

Client Name: _____
Client Address: _____
Contact Number Today: _____
Patient Name: _____
Species/Breed: _____
Approx. Age _____
Sex: _____
Identification: _____

2) Reason for Drop Off: _____

3) What symptoms have you noticed? *(pls check all that apply)*

☐ Lethargic	☐ Diarrhea	☐ Vomitting	☐ Howling	☐ Anorectic	☐ Lameness / Soreness
☐ Aggressiveness	☐ No Bowel Movement	☐ No Urine	☐ Peeing outside litter pan	☐ Blood in Urine	☐ Blood in Stool
☐ Excessive Drinking of Water	☐ Excessive Peeing	☐ Staggering	☐ Discharge from eyes	☐ Difficulty Breathing	☐ Incontinence / Dribbling
☐ Itchyness	☐ Head Tilt				

4) When did the symptoms start? _____

5) Any other pets in the family or neighborhood with the same symptoms? ☐ yes ☐ no
- If yes, has your pet interacted with them recently? and where?
  - _____

6) Has your pet had these symptoms in the past? ☐ yes ☐ no
- If yes, please indicate when and what treatment was given
  - _____

7) Is your pet currently diagnosed with any illnesses? ☐ yes ☐ no
- If yes, please indicate what illness. _____

8) Is your pet currently receiving any medication or supplements? ☐ yes ☐ no
- If yes, please list the medications and the dosage and the last time they received this medication.
  - _____
  - _____
  - _____

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9) What diet is your pet being fed regularly? _____

10) For New Patients Only:
Would you like us to request records from your past veterinarian?
☐ yes ☐ no ☐ Has never been seen by a veterinarian

- If yes, please indicate the name of the clinic your pet last visited. Please sign the consent form following this document for us to get your pet's medical records.
  - _____

11) If you would like to include any other points of your pet's history, please do so here.

_____

_____

_____

_____

12) In the event you cannot be reached would you like us to start the diagnostics and treatments immediately? ☐ yes ☐ no
- If yes, please sign the medical consent form directly following this document.

13) Who is your pet insurance provider and plan number? _____

- if you do not have pet insurance, would you like more information? Yes ☐ / No ☐

This completes our clinic's Patient Drop off form. Please Sign on the line below and indicate where we can reach you today to schedule a discharge time as well as discuss any issues that were seen by our veterinarian.

Client Signature: _____ Date: _____

Phone number to be reached at today: _____