



1770 Prairie City Rd
Folsom, CA 95630
919.984.0990

**Blue Ravine Animal Hospital
Drop-off Examination Request**

Client Name (first/last): _____

Patient Name: _____

The information requested will tell us the issues you would like to have addressed. It is important for you to be as specific and thorough as possible. If we need additional information, we will call you at the number you provide. Thank you!

Does have any of the following symptoms:

Vomiting	Weight loss	Coughing	Scratching
Diarrhea	Weight gain	Panting	Limping
Constipation	Straining to urinate	Difficulty breathing	Hair loss
Decreased appetite	Increased urination	Seizures	Pain
Decreased energy	Decreased urination	Scotting	Growths
No concerns	Other:		

Please describe your pet's reason for visiting along with duration of symptoms, if any:

Can you associate this is issue with a particular incident (e.g., injury, diet change, ingestion of toxin/foreign substance, etc.)? Please explain. N/A

Is your pet on any medications or supplements? Please list and note time given:

Are there any other services that you would like to be performed (e.g., vaccines, heartworm test, prescription refill, etc.)?

Treatment / Testing Consent*

I would prefer a phone call prior to any additional tests/procedures.

After examination by the attending doctor (\$65 exam fee), please proceed with the following minimal tests if deemed necessary by the doctor based on the presenting complaint (i.e., **I do not need a phone call to authorize the following**):

Inappropriate urination --- urinalysis (\$125)

Squinting, eye pain, red eye, or eye discharge --- fluorescein eye stain (\$37), proparacaine (\$23)

Lameness --- radiographs (\$360 to \$475; up to three views)

Ear pain, redness, or discharge --- ear cleaning and cytology (\$61)

Itchy skin, rash, hair loss --- skin cytology (\$62)

Wound --- clip/clean (\$62 to \$90) possible lidocaine injection (\$51), possible antibiotic injection (\$55+)

Diarrhea --- fecal panel (\$64), possible subcutaneous fluids (\$60+), possible blood work (\$134 to \$152)

Vomiting --- radiographs (\$360 to \$470; up to three views), injection for nausea (\$55), possible blood work (\$122+)

Vomiting & diarrhea --- radiographs (\$360 to \$470; up to three views), injection for nausea (\$55), fecal panel (\$64), blood work (\$134 to \$152), spec cPL (\$65)

* If your pet requires treatment beyond the authorized minimum testing you have indicated, we will contact you to discuss further recommended diagnostics.

*If your pet requires general anesthesia, we will give you an appropriate estimate and surgery release form prior to leaving your pet with us.

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above, that I do hereby give Blue Ravine Animal Hospital's attending veterinarian and staff full and complete authority to address and treat the above issues as listed by myself. I certify that I have notified the doctor of any pre-existing conditions, such as seizures, allergic reactions, possible anesthetic complications, etc.

Client Signature

Date

Phone Number(s):
