

**Bernardo Heights Veterinary Hospital**  
**858-485-9111**  
**MEDICAL EXAMINATION/TREATMENT AUTHORIZATION**  
**(Drop Off Examination)**

\_\_\_\_\_ (Owner's name) \_\_\_\_\_ (Pet) \_\_\_\_\_ (Date)

Reason for today's visit: \_\_\_\_\_

Do you feel that this is an emergency? Yes  No

Symptoms started \_\_\_\_\_. Since the symptoms started, the following changes have occurred: \_\_\_\_\_

Medications: \_\_\_\_\_

Please note any changes in  Water Intake  Appetite  
 Urination  Bowel Movement  
 Activity  Other Symptoms

Please describe: \_\_\_\_\_  
\_\_\_\_\_

Has the pet gotten into garbage, eaten anything unusual, escaped from home, been injured, or had any other events or occurrences that could be related to the illness?

\_\_\_\_\_  
\_\_\_\_\_

After initial examination and evaluation, the doctor will call with findings and recommendations.

- \_\_\_ I authorize that blood testing or stool or urine tests may be done on my pet if the doctor feels it is necessary.
- \_\_\_ I authorize that X-rays may be taken if the doctor feels it is necessary.
- \_\_\_ I authorize that medication and fluids may be given to my pet if the doctor feels it is necessary.
- \_\_\_ I authorize \$\_\_\_\_\_ for diagnostics and treatment before you contact me.

**OR**

\_\_\_ I wish to be contacted before any tests or treatments are done on my pet.

\_\_\_\_\_  
Owner's signature Phone numbers where I can be reached today

Admitted by \_\_\_\_\_