

DROP-OFF EXAM

EAR DISORDER

OWNER _____

PET _____

DATE _____

PROBLEM (SCRATCHING EARS, SHAKING HEAD, DISCHARGE, ODOR, SWOLLEN EAR, ETC.)?

WHICH EAR IS AFFECTED? LEFT _____ RIGHT _____ BOTH _____

HOW LONG HAS PET HAD PROBLEM? _____

IS THIS THE FIRST TIME OR IS IT RECURRENT? _____

HAVE ANY MEDICATIONS BEEN GIVEN? _____ IF SO, WHAT? _____

WHEN WAS IT LAST GIVEN? _____

WHAT WAS YOUR PET'S RESPONSE TO THE MEDICATION(S)? _____

WHAT REGULAR EAR CARE IS USED (CLEANING, ETC.)? _____

HOW OFTEN? _____

WHEN WAS IT LAST USED? _____

IS SKIN ALSO AFFECTED? _____

IF EARS ARE INFLAMED, AN EAR SLIDE (\$45.90) WILL MOST LIKELY BE DONE. IF BACTERIA ARE FOUND, A BACTERIAL CULTURE AND SENSITIVITY (\$97.00) MAY BE NECESSARY FOR PROPER TREATMENT. EAR CLEANING (\$35.95) IS ALMOST ALWAYS NECESSARY AND WILL BE DONE IF INDICATED. IF YOU WISH TO BE CONTACTED BEFORE ANY TESTS OR TREATMENTS ARE PERFORMED PLEASE BE AVAILABLE FOR A PHONE CALL, SINCE OUR INABILITY TO REACH YOU MAY DELAY YOUR PET'S TREATMENT.

_____ I AUTHORIZE DIAGNOSTIC TESTS AND TREATMENT.

_____ I WISH TO BE CONTACTED BEFORE ANY DIAGNOSTIC TESTS AND TREATMENT.

_____ I AUTHORIZE UP TO \$_____, BUT ABOVE THAT, I WANT A CALL FIRST.

SIGNATURE _____ PHONE NUMBER TO REACH YOU TODAY _____