



Drop Off Information Form

Client: _____ Patient: _____

1) Reason for today's visit (Please check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Illness / Injury / Examination (see #2) | <input type="checkbox"/> Wellness / Vaccines (see #3) |
| <input type="checkbox"/> Bath | <input type="checkbox"/> Prescription Refill |
| <input type="checkbox"/> Other | |

2) If pet is injured, ill or needs examination in a specific area, please briefly list the symptoms you have noticed and their approximate duration:

3) If pet is in for wellness, please list out services needed:

Microchipping: YES NO
Ear Cleaning: YES NO

Nail Trim: YES NO
Anal Gland Expression: YES NO

In order to protect our patients from infectious diseases, we require that all animals entering the hospital are flea-free and show proof of current vaccinations through a licensed veterinarian for the following diseases:

CANINE: Rabies, DHPP (Distemper, Hepatitis, Parvo, Parainfluenza), Bordetella, CIV

FELINE: Rabies, FVCRP (Distemper, Panleukopenia, Rhinotracheitis, Calici)

___ I understand that my pet will be vaccinated as required if not proven to be current.

___ I understand that my pet will be given flea treatment if fleas are found.

Sometimes when a pet is ill, problems are detected and require further diagnostic tests and treatment. We will attempt to contact you before proceeding. However, if you cannot be reached, please initial below on how you would like us to proceed.

___ I do NOT authorize any additional services/medications without being contacted first.

___ I authorize additional services/medications but not to exceed \$100 \$200 \$300

___ I authorize any additional services/medications that the doctor recommends during this visit.

I assume financial responsibility for the services rendered and understand that full payment is due upon completion of services

Signature of Owner or Responsible Agent _____ Date _____

Phone Number(s) where I may be reached today: _____

We will call to schedule a pick up time.