

# DROPOFF INFORMATION

A fee of \$130.00 will be charged for each pet dropped off. Full payment is due upon release.

(Initial)

Phone number where we can reach you today

# \_\_\_\_\_

Why is your pet here today?

(Please be as detailed as possible since you will not be speaking w/ the Dr. before the exam.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Medications given today/ time given: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any vomiting or diarrhea? \_\_\_\_\_ Any coughing or sneezing? \_\_\_\_\_

Change in appetite or thirst? \_\_\_\_\_ Any lameness? \_\_\_\_\_

### Permissions:

Do we have permission for:

X-Rays? <u>Yes</u> / <u>No</u>	Diagnostics such as blood work? <u>Yes</u> / <u>No</u>
Anesthesia if necessary? <u>Yes</u> / <u>No</u>	Intravenous catheter and fluids? <u>Yes</u> / <u>No</u>

I authorize the veterinarian to do whatever is necessary should an emergency situation arise. I understand any problem that develops with my pet while I'm absent will be treated as deemed best by the staff, and I assume full responsibility for the treatment expense involved. I agree to pick up my pet within 5 days of the release date, or my pet may be considered abandoned if I do not. In my failure to recover my pet, you are automatically authorized to dispose of my pet as deemed professionally necessary.

Owner's or Authorized agent's signature: \_\_\_\_\_

Date: \_\_\_\_\_