



Drop-Off Form

Client's Name _____ Pet's Name _____

*Telephone numbers where we can reach you today: _____

Reason your pet is here: Exam () Vaccinations () Illness/Injury () Other ()

Please describe the problem(s) your pet is having, pertinent history leading up to the current condition, any previous major medical problems and any other information that may be helpful: _____

When/what did your pet last eat? _____

What medications (if any) has your pet received in the last 24 hours? At what time? _____

Please list any known allergies to food or medicine _____

Please check one: treat your pet after examination OR
 call you with the findings of the examination and estimate of treatment cost PRIOR to treatment.

As owner, or duly authorized agent of the owner, of the above named animal, I hereby consent and authorize the clinic to receive, prescribe, treat or operate on this animal.

The office is to use all reasonable precautions against injury, escape or demise but will not be held liable or responsible in any manner regarding the care, treatment or safe keeping of the animal. I understand that I am assuming all risks involved in care and treatment for this animal. I consent to administration of anesthesia as deemed necessary by the doctor.

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I agree to assume financial responsibility for the remaining fees and provide payment via cash, credit card or check at the time my pet is discharged from the hospital. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff has my permission to provide such treatment. I hereby agree to pay for such services.

I understand that during the performance of medical, surgical or anesthetic procedures, unforeseen conditions may be revealed that necessitate more extensive, costly or different procedures than originally planned. If the staff at this veterinary practice is unable to reach me, I hereby consent to and authorize the performance of such procedures as are necessary and desirable in the professional judgment of the attending veterinarian.

All animals must be picked up within three days of the release date. A written notice will be mailed to the address above. Five days after such notice, the animal will be considered abandoned and may be dealt with as the clinic deems appropriate. I understand that abandonment does not relieve me from responsibility of payment for any and all services rendered.

I agree that in the case of nonpayment, a fee of 5% per month (60% per annum) will be charged. All collection and attorney fees necessary to collect this debt will be borne by me.
PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED.

Signature _____ Date _____