

Owner's Name: \_\_\_\_\_

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

Pet's Name: \_\_\_\_\_

### PET DROP-OFF FORM

Please leave a number where you can be reached at any time today should the doctor need to speak with you.

( ) \_\_\_\_\_ or ( ) \_\_\_\_\_

Primary reason for visit: \_\_\_\_\_

Please list any additional services your pet needs today: \_\_\_\_\_

Has your pet had anything to eat today? Yes No If Yes, what time? \_\_\_\_\_

Regular food fed: \_\_\_\_\_

Please check all the symptoms that apply:

Vomiting		Bad Breath		Scratching	
Diarrhea		Increased Water Intake		Skin Problems	
Blood in Stool		Increased Appetite		Coughing or Sneezing	
Lethargy		Decreased Appetite		Weight Loss	
In Pain		Tumor or Mass		Weight Gain	

Please list all medication(s) your pet is currently taking and when the last dose was given:

Medication: \_\_\_\_\_ Time Given: \_\_\_\_\_

Medication: \_\_\_\_\_ Time Given: \_\_\_\_\_

Medication: \_\_\_\_\_ Time Given: \_\_\_\_\_

If X-Rays are necessary for treating your pet today, do we have your permission? Yes No

If Blood Work is necessary for treating your pet today, do we have your permission? Yes No

If Sedation is necessary for treating your pet today, do we have your permission? Yes No

**ANESTHESIA RELEASE:**

I understand that the doctors and staff will use all reasonable precaution against injury, escape, or death of my pet. I understand that anesthesia involves some minimal risk to my pet and I will not hold the doctor and staff responsible under any circumstances. I understand that I assume all risks.

Initial: \_\_\_\_\_

I give permission for my pet to be treated for what is described above and agree to be financially responsible.

\_\_\_\_\_  
Signature of Owner or Guardian