

Drop-Off Appointment Form

Owner:

Contact number for TODAY:

Alternate phone:

Pet Name:

Please explain why your pet is here today:

When did you first notice a problem?

Please describe your pet's appetite and water intake. When did your pet last appear to eat?

How is your pet's attitude:

Have you noticed a change in droppings?

Has your pet regurgitated?

What brand and types of foods are normally offered to your pet?

What are your pet's favorite treats?

Is there anything else we should know?

I, the owner/agent, authorize and request an examination for my pet. I understand that sedation and/or pain medication will be provided if deemed reasonable. I understand a veterinarian will contact me after my pet has been examined to discuss recommended tests and treatments, and there will be an initial estimate of charges. If I cannot be reached at my contact number, I authorize initial treatment, including fluid therapy and other supportive care be started as indicated for my pet. I understand and accept that when anesthesia is involved there are inherent risks, including death. I accept financial responsibility for charges incurred. I understand an additional deposit may be required after an estimate is prepared and discussed, and that payment in full is due upon discharge of my pet.

Signature:

Date: