



### Drop Off/Treatment Authorization Form

Client Name: \_\_\_\_\_ Pet Name: \_\_\_\_\_

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

All vaccinations are required for drop-off care. If vaccinations have not been given by us, please list the name of the clinic where you pet was last vaccinated. \_\_\_\_\_

If vaccinations are unable to be verified, your pet will receive all required vaccinations, at your cost.

This office promotes a flea and tick free environment. If fleas are noted on the initial exam of patients admitted to the hospital, a Capstar tablet will be given. This will be at an additional cost to you.

Is your pet on Heartworm preventative?  Yes  No

Does your pet have any known allergies  Yes  No If Yes, please specify: \_\_\_\_\_

Is your pet on any medications?  Yes  No If Yes, please list: \_\_\_\_\_

My pet is here for:

Drop off for wellness care/vaccines: \_\_\_\_\_

Drop off for diagnostics: \_\_\_\_\_

Drop off for Illness/Problem: \_\_\_\_\_

Symptoms:

Coughing  Sneezing  Vomiting  Diarrhea  Lethargic  Not Eating  Not Drinking

Excessive Drinking  Abnormal Urination  Weight loss  Unusual Discharge  Lameness/Limping

Stiffness/Pain  Difficulty Rising  After Sleeping  After Exercise

Duration: \_\_\_\_\_

Other concerns we should be aware of? \_\_\_\_\_

After examination by the Doctor, may we proceed with tests and/or treatment?  Yes  No

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Desired Pick up time: \_\_\_\_\_