

DROP OFF FORM

THIS FORM MUST BE FILLED OUT COMPLETELY AND RETURNED TO A
STAFF MEMBER BEFORE YOUR PETS ADMISSION TO OUR HOSPITAL. A
STAFF MEMBER WILL BE GLAD TO HELP YOU WITH THE DETAILS
SPECIFIC TO YOUR PETS NEEDS.

NAME: _____ PETS NAME _____ DATE: _____

**TELEPHONE # _____ that you will be able to answer
immediately if _____ needed before, during, or after the procedure.**

When Vaccinated Last _____ What Vacc. Did he/she
get _____
On Heartworm preventative _____
Coughing _____
Sneezing _____
Vomiting _____
Diarrhea _____
Eating _____
Drinking _____
How long off food & water _____
How long have symptoms been present _____
Lethargic _____ How long _____
Ocular or Nasal discharge _____
Urinating, Defecating normally _____

The staff member who admits your pet to the hospital will advise you on your
pets
Routine medical needs!

DHPPC ___ LEPTO ___ RV ___ K-COUGH ___ FVRCP ___ RV ___ FELV ___
LYMES ___ RATTLESNAKE ___ NAIL TRIM ___ EAR EXAM ___ BATH ___
HEARTWORM TEST ___ FECAL ___ HEARTWORM PREVENTATIVE ___
FELV & FIV TEST ___ ANAL GLANDS ___ MISC _____

FECAL CHECKS SHOULD BE DONE YEARLY, EVEN IF ON HEARTWORM
PREVENTATIVE: DUE TO HEARTWORM PREVENTATIVE DOES NOT
PROTECT
AGAINST COCCIDIA OR GIARDIA.

HEARTWORM TEST SHOULD BE PREFORMED EVERY YEAR IF ON
HEARTWORM
PREVENTATIVE.

ANY OTHER SIGNS OR FACTS WE NEED TO BE AWARE OF CONCERNING
YOUR PET THAT
MAY AID IN OUR DIAGNOSIS OR TREATMENT?

I AGREE TO PAY ALL COSTS FOR ANY PROPERTY DAMAGE OR PERSONAL
INJURY CAUSED BY
MY PET DURING ITS STAY. I AGREE TO PAY ALL CHARGES ON THE DAY
OF PICK UP OF MY PET
AND I UNDERSTAND THAT MY PET MAY NOT LEAVE THE PREMISES UNTIL
ALL CHARGES ARE
PAID IN FULL. I UNDERSTAND THAT ANY ANIMAL LEFT FOR TEN DAYS
BEYOND THE AGREED
DATE OF PICK UP MAY BE SOLD OR DISPOSED OF AT THE DISCRETION
OF THE CLINIC.

I understand that if my animal is in the hospital overnight or on the weekends, 24
hr supervision and monitoring
Is not provided.

SIGNATURE _____ DATE _____