

DROP-OFF RELEASE FORM

Your Name: _____ Your phone number: _____

Date: _____ Your Pet's Name: _____

Reason for visit: _____

What kind of food does your pet eat at home? _____

Have you changed your pet's diet recently? _____

Do you feed your pet table food? _____ If so, what kind? _____

Is your pet currently on any medications? If so, please list all: _____

Please check all symptoms your pet has:

Vomiting Diarrhea Anorexia
 Lethargy Sneezing Coughing
 Change in water intake(circle one): increased or decreased
 Other _____

Is your pet current on all vaccines? _____

If not, please mark all vaccines and/or routine test that your pet needs today:

Cats: FeLV, FVRCP Rabies Fecal
 FeLV/FIV test

Dogs: DHLPP, CV Rabies Bordetella
 Lyme Fecal Heartworm Test
 Rattlesnake

Do we have permission to do bloodwork on your pet if it is necessary? _____

Do we have permission to x-ray your pet if it is necessary? _____

Do we have permission to sedate your pet if it is necessary? _____ If so, when did it eat last? _____

****Please note: Payment is expected at the time services are rendered.

Signature: _____