

Pet Medical Center
Drop-Off Release Form

Owner's Name: _____ Date: _____

Pet's Name: _____

Reason for visit: _____

Best way to be contacted: _____

Emergency contact Name & Number: _____

Has your pet been fed prior to arrival? yes no

Is your pet on heartworm preventative? yes no

If yes, and you would like to refill your pet's heartworm medication, please specify the name and amount of medication: _____

Is your pet on flea prevention? yes no

If yes, and you would like to refill your pet's flea prevention, please specify the name and amount of medication: _____

Is your pet currently on any medication? yes no

If yes, please list the names and dosage of the medications: _____

Has your pet been checked for intestinal parasites in the last six months? yes no

Has your pet ever had any reactions to vaccines? yes no

Has your pet ever had any reaction to anesthesia? yes no

Has your pet ever had any reactions to medication? yes no

If yes, please specify the name of the medication(s): _____

Has your pet shown any sign of the following:

If yes, please include the duration of the behavior.

Vomiting	<input type="checkbox"/> yes for _____	<input type="checkbox"/> no	Abnormal amount of urination	<input type="checkbox"/> yes for _____	<input type="checkbox"/> no
Diarrhea	<input type="checkbox"/> yes for _____	<input type="checkbox"/> no	Abnormal amount of drinking	<input type="checkbox"/> yes for _____	<input type="checkbox"/> no
Listless	<input type="checkbox"/> yes for _____	<input type="checkbox"/> no	Abnormal weight loss or gain	<input type="checkbox"/> yes for _____	<input type="checkbox"/> no
No Appetite	<input type="checkbox"/> yes for _____	<input type="checkbox"/> no	Unusual lumps or bumps	<input type="checkbox"/> yes for _____	<input type="checkbox"/> no
Weakness	<input type="checkbox"/> yes for _____	<input type="checkbox"/> no			
Coughing	<input type="checkbox"/> yes for _____	<input type="checkbox"/> no			
Gagging	<input type="checkbox"/> yes for _____	<input type="checkbox"/> no			
Scratching	<input type="checkbox"/> yes for _____	<input type="checkbox"/> no			
Shaking Head	<input type="checkbox"/> yes for _____	<input type="checkbox"/> no			
Scotting	<input type="checkbox"/> yes for _____	<input type="checkbox"/> no			
Seizures	<input type="checkbox"/> yes for _____	<input type="checkbox"/> no			
Limping	<input type="checkbox"/> yes for _____	<input type="checkbox"/> no			

Tests and Services to be performed during this visit:

<input type="checkbox"/> Puppy/Kitten Wellness Exam	<input type="checkbox"/> Heartworm Test
<input type="checkbox"/> Annual Wellness Exam	<input type="checkbox"/> FeLV/FIV Test
<input type="checkbox"/> Senior Wellness Exam	<input type="checkbox"/> Bath
<input type="checkbox"/> Intestinal Parasite Exam	<input type="checkbox"/> Nail Trim
<input type="checkbox"/> Deworm (If Needed)	<input type="checkbox"/> Clean Ears
<input type="checkbox"/> Senior Bloodwork	<input type="checkbox"/> Anal Glands
<input type="checkbox"/> Other Bloodwork _____	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> Boarding _____ until _____	

May we sedate/anesthetize your pet if necessary? yes no

By signing below, I agree with all of the following: The practice is to use all reasonable precaution against injury, escape, or death of my pet. The practice and staff WILL NOT be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that ANY problem that develops with my pet while I'm absent will be treated as deemed best by the staff veterinarians and I ASSUME FULL RESPONSIBILITY for the treatment expense involved. I agree to pay fees for all services rendered at the time my pet is discharged from the practice or the service is otherwise terminated. I agree to pay for the reasonable costs of collection, attorneys fees, and court costs in the event that collection efforts become necessary. I agree that the venue of this action will be in the county where the practice is located. If I neglect to pick up my pet within 7 days of the date below and do not notify the practice within that time frame, the practice may assume that the pet is abandoned and is hereby authorized to dispose of the pet as deemed best and/or necessary.

Signature

Date