

DROP OFF PET ADMISSION FORM

Owner's Name _____ Date ____ / ____ / ____

Patient _____ Breed _____ Sex M / F Age _____

Reason for today's visit: _____

_____**Please list any Additional Services you would like performed for your pet today:**

Bath [] Nails [] Microchip [] Heartworm Test [] Fecal []

(Please note if your pet is not up to date on vaccinations, they will be given while your pet is with us; however, some services may not be performed if the pet is deemed too ill.)

I authorize up to the following amount for treatment of my pet today: \$150 [] \$300 [] Other: _____

*We will call if services exceed the amount indicated.***Phone Number(s)** I can be reached at today: _____ or _____

I authorize _____ to pick up my pet on my behalf.

Client Signature _____ **Date** ____ / ____ / ____

Items left with pet _____

Owner Pickup Time _____ Admitting Technician _____