

## **PET DROP OFF INFORMATION**

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

Pet's Name: \_\_\_\_\_

Phone number(s) where we can reach you today: \_\_\_\_\_

Please describe the problem(s) your pet is having, pertinent history leading up to current condition, any previous major medical problem and what you would like us to do today:

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When was your pet's last meal? \_\_\_\_\_

What medications did your pet receive in the last 24 hours:

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Any allergies to medications? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

By signing this form you are consenting to your animal to be examined. After the examination would you like us to:

\_\_\_\_ Treat your pet for its condition

\_\_\_\_ Call you with the findings of the examination and give an estimate of the treatment cost prior to treating the pet.

Are there any other treatments you would like us to give your pet today, if able?

( ) Vaccines ( ) Nail trim ( ) Heartworm test ( ) Other \_\_\_\_\_

**\*Professional fees are to be paid at the time services are performed\***

**In admitting my pet for diagnostics, treatment or surgery, I authorize Midtown Animal Hospital to administer treatments and/or perform diagnostics or surgical procedures as deemed necessary.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_