

# Drop Off Form

The information requested will tell us the things you want us to do for your pet. It is the only way we can be certain that we understand what you want. Therefore, it is very important for you to be as specific as possible. If we need additional information, we can reach you at the number you give us today. Thank you.

Owner's Name \_\_\_\_\_ Date \_\_\_\_\_

Pet's Name (s) \_\_\_\_\_

Is your pet sick?    Yes    No    Major Complaint?

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Has pet been treated for same condition recently?    ☐ Yes    ☐ No    How long? \_\_\_\_\_

## Note the services requested for your pet today

## Tests and Services

- Dogs:**
- ☐ DHLPP
  - ☐ Rabies
  - ☐ Heartworm Test
  - ☐ Fecal
  - ☐ Bordetella
  - ☐ Lyme
  - ☐ Canine Influenza
  - ☐ DHPP

- Cats:**
- ☐ FVRCP
  - ☐ Feline Leukemia
  - ☐ Rabies
  - ☐ Fecal
  - ☐ FIV

- ☐ Physical Exam
- ☐ Labwork
- ☐ Radiology
- ☐ Bath
- ☐ Feline Leukemia/FIV Test
- ☐ Other \_\_\_\_\_

Some pets require sedation for adequate physical exam, treatment, or surgery

May we sedate your pet if necessary?

After examination by the Doctor, may we proceed with tests and / or treatment?

YES	NO	Call first
YES	NO	Call first

## OWNER RELEASE:

Senoia Animal Hospital will use all reasonable precaution against injury, escape, or death of my pet. The clinic 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. If I neglect to pick up my pet within 5 days of the date below and do not notify you within that time frame you may assume that the pet is abandoned and are hereby authorized to dispose of the pet as you deem best and / or necessary.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
OWNER/AGENT

Phone number where you can be reached today \_\_\_\_\_