

Drop Off Form



Medications / Diet

Did your pet eat this morning? _____ Regular diet or other? _____

Pets current medications: _____

Allergic to any medications? _____

Appetite? _____

Does your pet get table scraps? _____

Food Allergies? _____

Reason For Visit

Pet is here for: Routine services _____ Bloodwork _____ X-
Rays _____ Recheck _____ Sick _____

Has your pet been treated before for the same complaint _____

Length of illness or changes in pre-existing condition: _____

Please list any symptoms or problems you have noticed about your pet:

Vaccinations

Canine	All needed _____ All Current _____ Distemper/Parvo _____ Bordetella _____ Rabies _____ Heartworm Test _____ Parasite Check _____
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	Is your dog on monthly heartworm prevention? _____ Flea/ Tick prevention? _____
Feline	All needed____ All Current____ FVRCP____ Leukemia____ Rabies____ FIV/FELV Test____ Parasite Check____ Is your cat on Flea/ Tick Prevention? _____

Authorizations

<p>Authorization of Bloodwork if needed _____</p> <p>Authorization of X-rays if needed _____</p> <p>Authorization of Ear Smear if needed _____</p> <p>Authorization of Urinalysis if needed _____</p> <p>Authorization of Medication if needed _____</p>
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STATEMENT OF OWNERSHIP AND CONSENT: I am the owner and/ or agent of the above animal and I authorize Four Paws Veterinary Clinic staff to provide care and perform any treatment, including the administration of anesthesia of surgical procedures they consider reasonable and necessary for my animal, and I consent to such services. I understand that with any medical or surgical procedures there are always risks involved, including death ,and that no warranty or guarantee is being made as to the results or cure. I agree that additional charges will accrue if my animal is not picked up on the day he or she is ready to be released from the clinic. **I will be responsible for all charges incurred.** If I neglect to contact/ pick up my pet(s) within 7 days of the pick - up date, Four Paws Veterinary Clinic may assume my pet ha been abandoned and is hereby authorized to dispose of the pet(s) as it deems best (including euthanasia). I understand that all veterinary services are to be paid for at the time of such services are provided. All unpaid checks and delinquent accounts will transfer to a collection agency, you will be responsible for all attorney fees court and finance charge of 1.5% per month or 18% annually.

Client Signature _____ Date _____