

DROP-OFF RELEASE



Owner's Name: _____

Pet's Name: _____

Date: _____

A \$10.00 boarding fee will be applied for pet's being dropped off for routine services (i.e. Routine exam, vaccines, etc.) If you're pet is sick and requires nursing care an additional charge will be applied.

My pet is being dropped off for the following reason/treatment: _____

Duration of problem? _____ Location of problem: _____

Is your pet currently on any medications? Yes No

If yes, name of medication(s): _____

Dosage: _____ Last given: _____

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Did your pet eat this morning?	<input type="checkbox"/>	<input type="checkbox"/>	Has your pet had any reaction to medications?
<input type="checkbox"/>	<input type="checkbox"/>	Was food offered?	<input type="checkbox"/>	<input type="checkbox"/>	Has your pet had any reaction to vaccines?
<input type="checkbox"/>	<input type="checkbox"/>	May we sedate your pet if necessary?	<input type="checkbox"/>	<input type="checkbox"/>	Has your pet had any reaction to anesthesia?

HISTORY: Has your pet shown any signs of the following? (Mark any that apply)

<input type="checkbox"/>	Vomiting	How Long: _____	<input type="checkbox"/>	Shaking Head	How Long: _____
<input type="checkbox"/>	Diarrhea	How Long: _____	<input type="checkbox"/>	Scotting	How Long: _____
<input type="checkbox"/>	Lethargic	How Long: _____	<input type="checkbox"/>	Seizures	How Long: _____
<input type="checkbox"/>	No Appetite	How Long: _____	<input type="checkbox"/>	Urinating more/less	How Long: _____
<input type="checkbox"/>	Weakness	How Long: _____	<input type="checkbox"/>	Drinking more/less	How Long: _____
<input type="checkbox"/>	Coughing	How Long: _____	<input type="checkbox"/>	Limping	How Long: _____
<input type="checkbox"/>	Gagging	How Long: _____	<input type="checkbox"/>	Weight loss/gain	How Much? _____
<input type="checkbox"/>	Scratching	How Long: _____	<input type="checkbox"/>	Unusual lump/bump	Where? _____

CONSENT: In the event of an emergency or if further diagnostics should be needed, we will make our best effort to reach you at the number provided below. However, should we be unable to reach you, please choose and initial one of the following choices:

I DO authorize additional treatment without my consent.

Up to \$ _____

Do whatever is needed

I DO NOT authorize additional treatment of ANY kind without my consent.

I understand that if I decline additional treatment, Amherst Animal Hospital cannot legally continue diagnostics or treatment other than already approved in person or by phone. If I do not select either option, Amherst Animal Hospital cannot legally continue with diagnostics or treatment of your pet.

How may we reach you today? _____ What time will you be picking your pet up? _____

Signature of Owner or Authorized Agent