

DROP-OFF RELEASE

Owner's Name: _____

Pet's Name: _____

Date: _____

Any Address, Phone or Employment Corrections? Yes

No

Changes are: _____

Email Address: _____

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

Duration of problem? _____

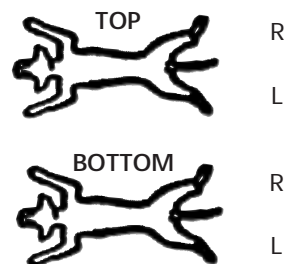
Location of problem? _____

Is your pet currently on any medication? Yes

No

If yes, name of medication: _____

Dosage: _____ Last given: _____



YES NO

Did your pet eat this morning?

Has your pet had any reaction to medications?

Was food offered?

Has your pet had any reaction to vaccines?

May we sedate/anesthetize your pet if necessary?

Has your pet had any reaction to anesthesia?

HISTORY: (mark any that apply)

Has your pet shown any sign of the following?:

- Vomiting? How Long? _____
- Diarrhea? How Long? _____
- Listless? How Long? _____
- No Appetite? How Long? _____
- Weakness? How Long? _____
- Coughing? How Long? _____
- Gagging? How Long? _____
- Scratching? How Long? _____

- Shaking Head? How Long? _____
- Scooting? How Long? _____
- Seizures? How Long? _____
- Urinating more or less than usual? _____
- Drinking more or less than usual? _____
- Limping? Which Leg? _____
- Weight Loss or Weight Gain? _____
- Unusual Lumps or Bumps? _____

CONSENT:

In the event of an emergency or if further diagnostics should be needed, we will make our best effort to reach you. 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, Ingersoll Animal Hospital cannot legally continue diagnostics or treatment other than that described above or already approved in medical care plan form. If I do not select either option, Ingersoll Animal Hospital cannot legally continue diagnostics or treatment other than that described above.

How may we reach you today? _____

Signature of Owner or Authorized Agent



Premiere Service. Quality Care.