

Pet Drop-Off Information

Client Name: _____

Telephone Numbers: (please include area code)

Home:(____)____-_____ Work:(____)____-_____

Cell:(____)____-_____ Pager:(____)____-_____

Pet's Name: _____ Breed: _____

Has your pet been seen by us before? Yes No (if not, please fill out a Client Registration form)

When was your pet's last meal? _____ What did he/she eat? _____

What medications (if any) has your pet received in the last 24 hours?

Name of medication:	Amount given	What time

Is your pet sensitive or allergic to any medications or food no yes

(please list) _____

What vaccinations, if needed, would you like us to give your pet today? Please circle:

Rabies Distemper-Parvo Feline upper respiratory Feline Leukemia

Other vaccines: _____

Tests: Fecal exam Heartworm Test Blood Work-Up

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

If problems arise, would you like us to:

() Contact you at () work or () home.

() Go ahead with whatever is needed.

() Halt procedure.

* Please note that if we have not seen your pet before, we will need to be able to contact you regarding your pet's examination prior to initiating any treatments.

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED

How will you be making payment today? Sorry, we do not charge!

Cash ____ Check ____ Visa ____ M/C ____ Discover ____ American Ex. ____

*** In admitting my pet(s) for diagnostics, treatment, or surgery, I authorize the veterinarians of Lake Air Animal Hospital, and their support staff, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary.**

*** No guarantee or assurance can be made as to the results that may be obtained.**

*** Further, I understand that a deposit of 50% is required before services are performed and I assume full financial responsibility for all charges incurred by my pet. I realize that these charges may exceed a given estimate if complications arise. I understand that I will be contacted prior to treatment, if possible, should complications occur.**

*** I understand that I am personally financially responsible for all services rendered by the doctors and staff of Lake Air Animal Hospital and that payment is due on the date of the anesthesia/surgery/dentistry.**

Signature: _____ Signature: _____