

# **DROP-OFF CLIENT FORM**

Date: \_\_\_\_\_

Pet ID# \_\_\_\_\_  
Office Use Only  
Client ID# \_\_\_\_\_

Client name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Phone number(s) to reach you today: \_\_\_\_\_

Reason for drop-off/examination (*please be as thorough as possible*): \_\_\_\_\_

Did your pet eat this morning? ( ) Yes ( ) No

Current Diet \_\_\_\_\_

Is your pet currently on any medication(s)? ( ) Yes ( ) No

\*If Yes, please list the medication(s) and when last dose given: \_\_\_\_\_

If deemed medically necessary by the Doctor, I authorize the following care for my pet:

Fecal analysis ----- (\$30.50 - \$51.00)	( ) Yes	( ) No
Complete blood count ---(\$76.95)	( ) Yes	( ) No
Blood chemistry profile-- (\$171.50)	( ) Yes	( ) No
Radiographs (X-rays) --- (\$112.00)	( ) Yes	( ) No
Sedation ----- (\$12.00-\$59.00)	( ) Yes	( ) No

\*\*If fleas or mites are noted on pet upon intake, I understand I will be charged **\$18.80-\$21.89** for treatment.

\_\_\_\_\_(Initials)

**All drop-offs for sick animals must pay the total amount of the estimate at the time of dropping off OR leave a \$100 deposit plus the exam fee if no estimate provided.** \_\_\_\_\_(Initial)

**ALL PROFESSIONAL FEES ARE DUE  
AT THE TIME SERVICES ARE RENDERED.**  
We accept: Mastercard / Visa / Discover / Check / Cash / Care Credit

I, the undersigned, assume financial responsibility for all charges incurred, and agree to pay all such charges at the time these services are rendered or arranged prior to examination and/or treatment.

Signature of person responsible for payment

Date

\_\_\_\_\_  
If other than client please print name and relationship to client