

DROP-OFF CLIENT FORM

Date: _____

Client # _____ (Office Use Only)

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 ----- (\$31.50 - \$47.00)	() Yes	() No
Complete blood count ---(\$79.75)	() Yes	() No
Blood chemistry profile-- (\$171.75)	() Yes	() No
Radiographs (X-rays) --- (\$127.25)	() Yes	() No
Sedation ----- (\$17.75 - \$65.00)	() Yes	() No

If fleas or mites are noted on pet upon intake, I understand I will be charged **\$25.70 - 56.00 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)

<p style="text-align: center;">ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.</p> <p style="text-align: center;">We accept: Mastercard / Visa / Discover / Check / Cash / Care Credit</p>
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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