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:

_____

_____

_____

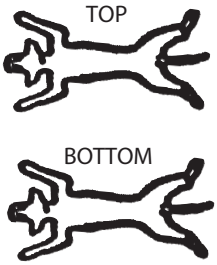
Duration of problem? _____

Location of problem? _____

Is your pet currently on any medication? ☐ Yes ☐ No

If yes, name of medication: _____

Dosage: _____ Last given: _____



YES	NO		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? _____
- ☐ Lethargic? 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? _____ How Long? _____
- ☐ Drinking more or less than usual? _____ How Long? _____
- ☐ Limping? Which Leg? _____ How Long? _____
- ☐ 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 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, Thomas Veterinary Clinic cannot legally continue diagnostics or treatment other than already approved in person or by phone. If I do not select either option, Thomas Veterinary Clinic cannot leagally continue with diagnostics or treatment of your pet.

How may we reach you today? _____

_____

Signature of Owner or Authorized Agent

Thomas

Veterinary Clinic