

Animal Medical Centre

Drop-Off Authorization & Release

Owner's Name: _____ Date: _____

Phone # where you can be reached **at all times** today: _____

Pet Name(s):

What are we seeing your pet for today?

*Please indicate which of the following apply to your pet (explain as needed): Current medications your Pet is on, dosage, and times given:

Changes in Appetite: Decrease Diarrhea No Change Increase Vomiting

Any recent diet changes? Yes No If so, what changes have been made?

What food does your pet currently eat? _____ How Much? _____

Lifestyle of your Pet (Please check one): Indoors Outdoors Both

Do you currently have Pet Insurance? If so with whom? _____

Would you like information on obtaining pet insurance? _____

Flea Preventative? Yes No If Yes: Type: _____

Heartworm Preventative? Yes No If Yes: Type: _____

What level of immediate diagnostics and treatment do you authorize? Please check one:

Level 1: Up to \$150 **Level 2:** Up to \$250 **Level 3:** Up to \$350 **Level 4:** Up to \$500

Different Amount: please list \$ _____

*I authorize sedation for my pet (\$46-\$150 according to weight) if needed. Initials: _____

As the owner/responsible agent of this pet, I authorize Animal Medical Centre to provide the necessary medical procedures listed above. I agree to assume all financial responsibility for any charges incurred and understand that such charges are due in full at the end of my pet's hospital stay.

If your pet has fleas, we will administer a Capstar to keep the fleas under control in the Clinic & you will be charged between \$10 and \$12 according to weight.

Date: _____ Signature: _____