

Drop-off form

Owner's Name _____ Pet's Name _____

What brings your pet in today? _____

How long has this issue/concern been going on? _____

Please list all medications that your pet has been given in the last 72 hours. This includes all prescription and over the counter medications. _____

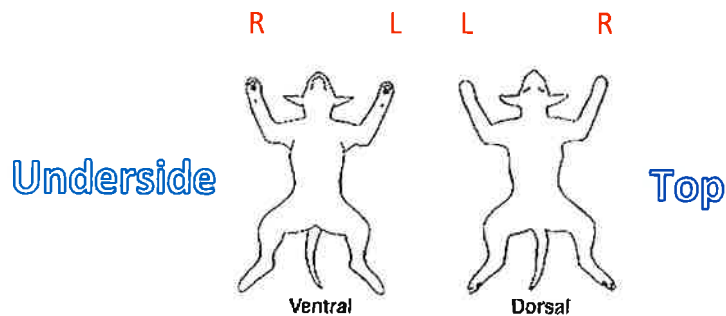
In the event that radiographs (x-rays) are needed, may we perform? (Please initial)

Yes _____ No _____ Call First _____

In the event that lab work (bloodwork) is needed, may we perform? (Please initial)

Yes _____ No _____ Call First _____

Please mark all problem area(s)/area(s) of concern (if applicable) on the diagram below:



Are there any additional services you need for your pet today? (Please list below)

Please contact me by (select one below):

☐ Call or ☐ text # _____ Alternate # _____

I certify that I am the owner, over the legal age of 18, and financially responsible for the above-named animal, and that having understood the risks involved, including death, have the authority to grant you my consent to receive, prescribe for, treat, induce anesthesia, and/or operate on my pet. All charges, including boarding costs (if necessary), shall be paid upon release of my pet from Parvin Animal Clinic.

After carefully reading the above, I have signed in agreement.

Signature

Date