Patient Drop-Off Release Form

Pet's Information

Pet name_____ Species_____ Breed_____

Pet's Age_____ Sex: ☐ Male ☐ Female

Owner Information

Owner's name_____

Phone number(s) for today _____

Place your initials next to the procedures needed for your pet today

VACCINES: **Dog:** DHLPPC _____ Bordetella _____ Rabies _____ Lyme _____

Cat: FDR _____ FeLV _____ Rabies _____

As far as you know, is your pet allergic to or have reactions to vaccines?

☐ Yes ☐ No

TESTS: Heartworm test _____ Fecal test_____ FeLV/FIV test_____

GENERAL EXAM: (please write any specific concerns) _____

_____

_____

BATH: Regular_____ Medicated _____

OTHER: **(**specify) _____

I authorize Lake Howell Animal Clinic to sedate or anesthetize my pet, only if necessary. **Initials**_____

I request having a doctor or veterinary technician call me before performing any sedation or anesthesia on my pet ☐ Yes ☐ No

By signing this form, the client agrees to the following:

(1) Lake Howell Animal Clinic has the client's authorization to perform the procedures requested above. No additional procedures or diagnostics, such as bloodwork, radiographs or surgeries, will be performed without calling the client first to obtain his/her authorization.

(2) The client understands that ALL FEES MUST BE PAID IN FULL AT THE TIME OF PICK UP.

_____ _____ Date_____

Signature of pet owner/responsible agent