Drop Off Treatment Request: Your animal will be seen by the FIRST available veterinarian for their current condition.

Date: __________ Name: _________________________ Pet’s Name: ___________________

Since you will not be present during the exam, please provide the Doctor with a specific explanation of their current condition. The more information available to the Doctor, the better they will be able to diagnose and treat the problem. Use the back of this paper if needed.

How long has this problem been occurring?

Is your pet currently on any medication (this includes aspirin within the last two weeks) or receiving treatment of any kind?

Is this a reoccurring problem? If yes, how frequent, and has your pet been treated for this problem by another veterinarian?

If the doctor were unable to reach you today, what further treatment, if any, would you authorize?

Exam ____ Blood/Urine Analysis ____
Sedation/Anesthesia ____ Whatever Necessary ____
X-rays ____ Other ________________________

Call me if my total will be over: (circle one) $100 $150 $200 Other $____

Payment is required at time of service, please circle your preferred payment method:

CASH  CHECK  CREDIT CARD  CARE CREDIT

When was the last time your pet ate? _____________________________________

Please leave all phone numbers where the doctor may reach you today, after examination is completed ____________________________________________

Signature ____________________________________________________________

If my pet needs to stay the night, I understand that my pet will be left unattended as no staff members are present overnight. If my pet is in need of intensive care, I understand that the doctor will refer me to a 24-hour clinic at my expense.