



# Drop Off Form

Cleint Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Contact phone no.(\_\_\_\_\_) \_\_\_\_\_ Alternate phone no.(\_\_\_\_\_) \_\_\_\_\_

Reason for today's visit: \_\_\_\_\_

\_\_\_\_\_

1. How long has pet been showing signs? \_\_\_days\_\_\_week(s)\_\_\_month(s).
2. Is patient eating normally? \_\_\_Yes \_\_\_No, if no how many days\_\_\_\_\_.
3. Has there been any vomiting? \_\_\_No \_\_\_Yes, if yes how many times a day\_\_\_and how long \_\_\_day(s)\_\_\_week(s).
4. Is patient having diarrhea? \_\_\_No \_\_\_Yes, if so for how long \_\_\_day(s)\_\_\_week(s).

### Additional Services while visiting today

___ Toe Nail Trim	___ Ear cleaning
___ Microchip	___ Flea preventative
___ Bath	___ Heartworm preventative
___ Vaccines	___ Anal gland expression

I, the undersigned owner, am responsible for seeking veterinary care for the pet identified above and certify that I am eighteen years of age or older. I consent to the examination of this pet by Dr. Vergel and staff of Crystal Creek Animal Hospital. I also understand that services will not be performed until I consult with a staff member and approve an estimate.

I agree to assume financial responsibility for the associated charges for my pets' care and will payment via cash, credit/debit card, check, or care credit at the time services are rendered. I agree that if I fail to comply with this policy, the hospital may handle this abandonment in a manner that is in the best interest of the pet and the hospital.

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Owner's Signature

Date