

COMMUNITY ANIMAL HOSPITAL
DROP-OFF PROCEDURE REQUEST FORM

Name _____ Pet's name _____ Date _____

Staying until _____

**ALL PATIENTS MUST BE UP TO DATE ON VACCINES IN ORDER TO BE ADMITTED TO THE HOSPITAL.
IF VACCINES ARE DUE THEY WILL BE GIVEN AT THE OWNER'S EXPENSE.**

Do you request any of the following for your pet?

- Vaccine(s) _____ Heartworm test
- Fecal test Nails clipped
- Bath (Hospital time permitting) Please note: We do not have groomers available. Hospital procedures must take precedence. We will try to accomodate baths as best we can.
- Other _____

If your pet is on medication, please complete the following:

Medication _____	Medication _____
Dosage _____	Dosage _____
Frequency _____	Frequency _____

DIET _____ **DIET INSTRUCTIONS** _____

Are there any other procedures you request?

1. _____
2. _____

Have the above procedures been discussed with a doctor? ___ Doctor's name _____

Please leave a phone number where you can be reached if the doctor needs to contact you.

If your pet is staying with us for more than a day and you will not be able to be reached, is there a responsible person who can be contacted in case of emergency?

Name _____ Phone No. _____
Address _____

If no one is available, how would you like us to deal with a medical emergency if one should occur?

1. Do everything necessary. I agree to reimburse any expense incurred.
Please sign _____

2. Other _____
Please sign _____

(If you sign part 2 of this form, please check with our receptionist.)

**FOR YOUR PET'S SAKE AND OTHERS, ALL ANIMALS FOUND ENTERING THE HOSPITAL WITH
ECTOPARASITES (FLEAS, ETC.) WILL BE TREATED AT THE OWNER'S EXPENSE.**

Thank you.

Signature