

**Friendship Hospital for Animals
Drop-Off Form**

Pet Name: _____ **Date:** _____ **Client ID#:** _____

Drop-Off Service: Your pet will see the urgent care doctor on duty unless it has been prearranged that your pet will see a specific doctor. The doctor will see your pet by 6 PM. To provide the best level of care possible, the drop-off service is for non-emergency patients only. A pet with more complex problems and/ or needing urgent attention should not be dropped off.

Please initial the following:

_____ I allow the doctor to do up to \$500 of treatments and/or tests/xrays in addition to the exam fee if the doctor feels they are necessary, without contacting me first.

OR

_____ I request that the doctor call me before doing any additional tests. I understand that if I am not reachable by phone that is may delay the course of treatment and diagnostics.

_____ I authorize sedation if deemed necessary by the doctor to take x-rays or handle my pet. My pet has not been fed this morning.

OR

_____ I do not want my pet sedated unless first contacted by my doctor on duty. I understand that if I am not reachable by phone that this may delay the course of treatment and diagnostics.

What is the primary reason for dropping your pet off today? *If your pet is diabetic or here for an annual exam, please complete both sides of this sheet.*

Does your pet have any significant history we need to be aware of? If yes, list below.
(This may include diabetes, seizures, drug allergies, etc.)

No Yes: _____

Is your pet currently on medications? If yes, list below.

No Yes

Medication	Strength	Frequency	Medication	Strength	Frequency
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Medication	Strength	Frequency	Medication	Strength	Frequency
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I can be contacted today at the following numbers:

Area Code Number	Area Code Number
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Signature: _____ **Witness:** _____

