



Patient Name | Patient #:

Breed | Color | Age | Sex:

Dates Boarding:

## Drop Off Consent

Reason for visit: \_\_\_\_\_

Have you noticed any...?

Change in appetite/thirst

Change in body condition

Change in energy level

Vomiting/Diarrhea

Coughing/Sneezing

Exercise intolerance

If yes, please elaborate: \_\_\_\_\_

Has your pet ever experienced...?

Anesthetic complication

Drug/vaccine reactions

Serious illness/injury/disease

If yes, please elaborate: \_\_\_\_\_

When was the last time the patient had any food? \_\_\_\_\_

List all medications, prescription and over the counter: \_\_\_\_\_

**Belongings:** Due to handling, belongings may not be returned in the way they were received. Please list all belongings:

**Treatment Plan:** How would you like us to proceed after initial examination?

Do not proceed with any diagnostic or treatment recommendations without speaking with the contact signed below.

Proceed with diagnostic and treatment recommendations at the doctor's discretion not to exceed \$ \_\_\_\_\_ in addition to the already provided estimate before speaking with the contact signed below.

Proceed with any diagnostic and treatment recommendations at the doctor's discretion.

**Preventative Health:** We require all dogs that are dropped off to be current on an annual wellness exam and an annual or triennial Rabies vaccine. We require all cats that are dropped off to be current on an annual exam, and an annual Rabies vaccine. If your pet presents with fleas, we will administer a Capstar at your expense.

**\*If your pet is missing any of these necessities, we will perform them at your expense.**

**\*An exam must be performed by our veterinarians within the past 6 months to receive vaccines/medicine.**

**Release:** By signing below, I am releasing my pet listed above to the care of the doctors and staff of Aldine Westfield Animal Hospital (AWAH). I understand by dropping off, I, the owner, will not be present during the exam, and any and all questions or comments must be communicated at drop off time. I understand my pet may need to be examined, tested and/or vaccinated and these treatments will be performed at my expense.

Signature

Date

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Print Name

Primary Phone

Secondary Phone