

Turquoise Animal Hospital

**Drop Off Form**

Owner \_\_\_\_\_ Pet \_\_\_\_\_ Date \_\_\_\_\_

**Number where you can be reached today**

9 AM – Noon (        ) \_\_\_\_\_ ; Noon – 4 PM (        ) \_\_\_\_\_

**Briefly** describe the problem

\_\_\_\_\_

**Duration** of problem \_\_\_\_\_ hours    days    weeks    months    lifetime

**Check ALL symptoms:**

|                   |                        |                        |             |
|-------------------|------------------------|------------------------|-------------|
| Vomiting          | Coughing               | Odor in Mouth          | Limping     |
| Weight Gain       | Diarrhea               | Odor on Body           | Sneezing    |
| Weight Loss       | Hair Loss              | Excessive water intake | Eye Problem |
| Urinary Leaking   | Excessive scratching   | Ear Problem            | Fleas       |
| Urinary straining | Excessive foot licking | Scotting               |             |
| Poor Appetite     | Lump/Bump              | Listless               |             |

List **ANY** medications or supplements your pet is taking

\_\_\_\_\_

**Minimum Charge for Drop Off is \$64.90** = Office exam and Ward Care fee

**Check One .....**

I authorize Turquoise Animal Hospital and its employees to proceed with diagnostics and treatment on my pet **PRIOR** to contacting me not to exceed \$ \_\_\_\_\_. I understand I am responsible for all charges at the time of pick up

**OR**

Please examine my pet but **DO NOT** proceed with any diagnostics or treatment before contacting me at the above number(s). This will delay treatment if we cannot contact you!

As a drop off I understand that my pet will be examined on a “time available” basis. Examination **MAY** be delayed several hours depending on the appointment or surgical scheduling. If anesthesia is required I understand the risks associated with anesthesia. I **UNDERSTAND AND AGREE TO THE ABOVE..**

**Owner's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_