



PET DROP OFF FORM

Pet(s) Name _____

Client Name _____

Phone number(s) _____

Address _____

Email _____

Concerns and duration: _____

Previous medical condition(s): _____

Current medication(s), dosing and last given: _____

Refill medication(s): _____

Diet & last meal: _____

Examination (\$63) _____

Blood work (\$76-200) _____

Radiograph (\$83-200) _____

Sedation (\$80-130) _____

Other: _____

I hereby authorize the doctors of Hillside Veterinary Hospital to administer such treatment as is necessary and to perform procedures therapeutically and/or diagnostically. I further understand that no guarantee of successful treatment is made. I also assume financial responsibility for all charges incurred and agree to pay all such charges at the time of release.

Signature _____ Date _____