



Drop off form

Date: _____

Pet's Name: _____ Owner's Name: _____

Personal items left with pet today: _____

Phone number(s) where you can be reached today: _____

(Please list the best telephone numbers for us to reach you between the hours of 9:00am to 8:00pm.)

** Please note, in order to drop off your pet, rabies vaccine must be current. You must provide documentation that verifies current vaccination, or your pet must be vaccinated before leaving. This is for your pet's protection as well for the protection of all the other animals in our facility. Physical exam must be done prior to the administration of the vaccine at the owner's expense. If fleas are present on your pet, a flea medication will be administrated at the owner's expense.

**

- Reason for your pet's visit today: _____

- Main issues and concerns for your pet today: _____

- How long has the problem been going on? _____
- Is your pet on any medications? _____
- Are you using heartworm prevention? **Yes**__ **NO**__ If so, what brand? _____
- Are you using flea prevention? **Yes**__ **No**__ If so, what brand? _____
- Does your pet have any known allergies? _____

As the owner of _____, I authorize Pet Lovers Animal Hospital to perform any diagnostics or treatment that they deem necessary for the health and well-being of my pet. I understand that if Pet Lovers Animal Hospital cannot reach me at the phone number I have provided, that they will perform these diagnostics and treatment and I am responsible for the end payment in full.

I have read and fully understand this drop off form.

Owner's Signature

Printed Name