

PINE COUNTRY ANIMAL CLINIC

DROP OFF RELEASE

PLEASE PRINT

Owner Information

Name _____

Pet Information

Name _____

Phone Number(s) where you can be reached *TODAY*? _____

Why are we examining your pet today?

Has appetite and water consumption been normal? _____

What food is your pet on? _____ Time of last meal _____

Have you noticed diarrhea? _____ How often? _____ Since when? _____

Has your pet been vomiting? _____ How often? _____ Since when? _____

Has your pet had any coughing? _____ Has your pet been sneezing? _____

Has your pet had increased thirst? _____ Increased urination? _____

Has your pet had any decrease in activity level? _____

What (if any) medications have you given your pet today? _____

If yes, please give name and time last administered: _____

Do you need a price estimate prior to any procedures? _____

Is it OK to sedate or anesthetize your pet if needed? _____ Call me first _____
(fee applies)

The Veterinarian will perform a thorough physical exam as soon as the schedule allows.

I, the undersigned owner or authorized agent of the above patient, hereby authorize the doctor to administer necessary treatment and to perform medical procedures. I further understand that no guarantee of successful therapeutic or diagnostic outcome is made. I also assume financial responsibility for all charges incurred, and agree to pay all charges at the time of release.

Signature of owner/agent _____ Date _____