

CATOCTIN VETERINARY CLINIC
LEESBURG, VIRGINIA

Pet Drop-Off Sheet

Date: _____ Pet's Name: _____

Owner's Name: _____

Phone Number(s) you can be reached at today: _____ / _____

Briefly describe your pet's problem including length of time seen and any important details

Have you noticed any of the following?

Vomiting Difficulty breathing Sneezing/Coughing Diarrhea

Weight loss Not eating Lethargy Excessive itching

Other: _____

Permission to perform procedures

- If after examining my pet the veterinarian feels it necessary to do further testing, I give my permission to do so. This may include, but is not limited to blood work, x-rays, or a fecal check.
- If after examining my pet the doctor feels that treatment is recommended, I give my permission for the recommended treatment. This may include, but is not limited to injections, IV or Sub Q fluids.
- If the veterinarian feels it necessary to use anesthesia for testing or treatment, I give my permission to do so.

Payment is due at the time services are rendered unless other arrangements have been previously made. Balances carried forward are subject to a 1.5% service charge.

By typing my name in the "Signature Box," I have agreed to submit this form by electronic means and certify that my answers are correct and complete to the best of my knowledge, including information provided about myself and my pet(s). I also certify that, (1) I understand the questions and statements on this form, and (2) I have read and understand any and all costs involved.

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

SIGNATURE OF PET OWNER OR RESPONSIBLE AGENT: _____
(Signature required on all pages)

DATE: _____

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LEESBURG, VIRGINIA

DISCLOSURE

CATOCTIN VETERINARY CLINIC has business and medical staffing hours as follows:

MONDAY thru THURSDAY	7:30 a.m. to 7:30 p.m.
FRIDAY	7:30 a.m. to 6:00 p.m.
SATURDAY	8:30 a.m. to 2:00 p.m.

Therefore, this is to inform you, that we have **no in-house, on-duty continuous medical staff care: overnight from closing time to opening time at 7:30 a.m., weekends from closing time on Saturday to opening time on Monday at 7:30 a.m., holidays from closing time before the holiday to opening time the day after the holiday.**

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SIGNATURE OF PET OWNER OR RESPONSIBLE AGENT: _____

(Signature required on all pages)

DATE: _____

HOME PHONE: _____ **WORK PHONE:** _____ **CELL:** _____