

Pet Drop-Off Sheet
Catoctin Veterinary Clinic

Date: _____ Pet's Name: _____

Owner's Name: _____
Owner's DOB (needed for filling prescriptions through a pharmacy for your pet) _____

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

Home: _____ Cell: _____ Work: _____

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

Was the patient fed this morning? (Circle one) Yes No

What are the patient's current medications, and did they receive any this morning?

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.

Signature: _____