

Atlantic Animal Clinic

Drop Off Release Form

Pet's Name _____

You are the Owner Family Friend Legal Guardian Other: _____

Name _____ Address Corrections Yes No _____

If someone else other than yourself will pick up your pet, arrangements must be made with the Atlantic Animal Clinic regarding payment.

Agent Name: _____ Phone Number: _____

To make sure your pet receives the best possible care, please take a moment to answer the following questions to the best of your ability:

Reason for drop off:

- Bath: Regular _____ Medicated _____ (additional charge) * Includes nail trim, anal gland expression (dogs only), and ear cleaning.
- Routine Vaccination
- Other (specify): _____

Additional Services:

- Nail Trim
- Anal Gland Expression
- Ear Cleaning

Has your pet shown any of these additional signs/symptoms? (Check all that apply)

- | | | | |
|-----------------------------------|-----------------|---------------------------------------|-----------------|
| <input type="checkbox"/> Vomiting | How long? _____ | <input type="checkbox"/> No Appetite | How long? _____ |
| <input type="checkbox"/> Diarrhea | How long? _____ | <input type="checkbox"/> Weakness | How long? _____ |
| <input type="checkbox"/> Coughing | How long? _____ | <input type="checkbox"/> Seizures | How long? _____ |
| <input type="checkbox"/> Gagging | How long? _____ | <input type="checkbox"/> Scratching | How long? _____ |
| <input type="checkbox"/> Sneezing | How long? _____ | <input type="checkbox"/> Scooting | How long? _____ |
| <input type="checkbox"/> Lethargy | How long? _____ | <input type="checkbox"/> Shaking Head | How long? _____ |

- Urinating? More or Less than normal How long? _____
- Drinking? More or Less than normal How long? _____
- Limping? Which Leg? How long? _____
- Weight loss or gain?
- Unusual lumps or growths? Yes No If yes, where? _____

Did your pet eat this morning? Yes No

Has your pet had an intestinal parasite test in the last 6 months? Yes No

As far as you know is your pet allergic to or have reactions to vaccines, medication, and/or anesthesia? Yes No

If yes, please indicate which ones _____

The Veterinarian and/or staff member(s) will treat and/or bathe as soon as the schedule allows. If you would like to check and see if your pet is ready please call us around 2:30- 3:00 and we will let you know when to pick up your pet.

Owner/Owner's Agent Release: I hereby authorize Atlantic Animal Clinic to perform the procedures requested above. No additional procedures or diagnostics, such as bloodwork, radiographs, or surgeries, will be performed without calling the client first to obtain his/her authorization. I assume full financial responsibility for all charges incurred to the patient for services rendered and understand that full payment is required upon discharge.

Signature of Owner or Owner's Agent _____ Date _____

Phone numbers(s) where you can be reached today _____

Admitted by: _____