

TLC Animal Hospital
Patient Drop-off and Consent Form:

Name: _____ Pet's Name: _____

Reasons for examining your pet today: _____

When did you first notice the problem: _____

Heartworm/ Flea Prevention _____ When was it last administered? _____

Please note: Anyone that has not been treated for fleas in the past 30days will be treated at the owner's expense

Is your pet on medication now? YES // NO What? _____

If your pet is on medications, when were they last given? _____

How has your pet's appetite and water consumption been? _____

What is your pet's regular diet? (ie: Science Diet, Iams, etc.) _____

Has your pet eaten today? (If different than regular diet, please specify) _____

Does your pet live inside or outside? _____

Are there any problems that your pet might have that we should be aware of: _____

Please initial one of the following:

_____ I give the veterinarians at TLC Animal Hospital my permission for any diagnostic procedures and treatments that they deem necessary.

OR

_____ I request that the veterinarian perform only an initial evaluation and initial diagnostics up to \$ _____ and then contact me for any further diagnostic and treatment procedures.

Today I can be reached at:

Primary phone number: _____ or Back-up number: _____

Would you prefer to receive updates via text? YES // NO If yes, what number: _____

Signature: _____ Date: _____