

TLC Animal Hospital

Receipt: _____

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? Normal Increased Decreased

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

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

Lifestyle (Circle all that apply): Indoor Outdoor Board Groom Dog Park Hunting Swimming

Any other requests? (Nail trim, refills, etc.): _____

Please initial one of the following:

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

OR

_____ I request that the veterinarian contact me prior to any further diagnostics or any new treatments.

I understand that I will be charged a day board fee to cover the cost for the kennel, staff, and/or supplies used while my pet is here. Initials: _____

Today I can be reached at:

Primary phone number: _____ Alternate number: _____

Signature: _____

Date: _____