

Drop-off Appointment Form

Client Name _____ Pets Name _____

Phone Number _____

Reason for visit _____

Medications/supplements your pet is currently taking: _____

Type/brand of food is your pet currently eating: _____

Please check the following signs or symptoms and how long this has been going on for.

- ___ Vomiting _____
- ___ Diarrhea _____
- ___ Lethargic (loss of energy) _____
- ___ Not eating _____
- ___ Water consumption change - Please circle one: Increased / Decreased _____
- ___ Painful _____
- ___ Coughing/sneezing _____
- ___ Limping _____
- ___ Itching/Scratching _____
- ___ Other _____

Please check the following in which you will allow us to perform for diagnostic or treatment purposes. Test will only be performed if we feel they are necessary. Prices are additional to office visit & cage fees.

- ___ X-Ray (\$93.50) / Ultrasound (\$66.00)
- ___ Blood chemistry 10 profile test - check liver & kidney functions (\$67.60)
- ___ Blood chemistry 17 profile test - check liver, kidney & pancreatic functions (\$96.60)
- ___ CBC (complete blood count) (\$53.00)
- ___ Anesthesia/Sedation (\$66.50)
- ___ Other _____

If my pet should injure itself in an escape attempt, refuse food, soil itself, become ill or die while at Dakota Veterinary Hospital (DVH), I will hold DVH and staff free of any responsibility and/or liability in the absence of gross negligence.

I further realize if I neglect to pick up the animal within five days of notification you may assume that the pet is abandoned. You are then authorized to dispose of it as you see fit. Abandonment does not release me of my obligation for the bill.

Prepayment required: _____

Remaining balance due at time of discharge.

Signature _____ Date _____