

# 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 (\$75.00)  
 Blood chemistry 10 profile test - check liver & kidney functions (\$56.50)  
 Blood chemistry 17 profile test - check liver & kidney functions (\$80.50)  
 CBC (complete blood count) (\$49.50)  
 Anesthesia/Sedation (\$55)  
 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.**

Signature \_\_\_\_\_ Date \_\_\_\_\_