

Drop Off Form

Date _____

Pet's Name _____ Owner _____

Personal items left with pet(s) today _____


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


It is important we are able to reach you while your pet is under anesthesia.


Please list the best telephone numbers for us to reach you between the hours of 9 AM - 7 PM


In order to prevent the spread of infectious disease, I authorize Pet Lovers Animal Hospital to administer a rabies vaccine & flea and tick medication to my pet, at my expense, if deemed necessary. If rabies vaccine is current. I must provide documentation that verifies current vaccination, or my pet must be vaccinated before leaving Pet Lovers Animal Hospital. I understand that a physical exam must be performed at this facility before administration of the vaccine at my expense.


Owner's Initials


 Reason for your pet's visit today (issues/concerns): _____

 How long has the problem been occurring: _____

 Is your pet on any medication(s)? YES NO
 If yes, which medication: _____

 Are you using heartworm prevention? YES NO
 If yes, which brand: _____

 Are you using flea & tick prevention? YES NO
 If yes, which brand: _____

 Does your pet have any known allergies? YES NO
 If yes, please list: _____

I, the undersigned, am the owner (or duly authorized agent for the owner) of the animal described above and confirm that the contact phone numbers are the best way to be reached. I authorize the veterinarian to administer diagnostics, treatment or medication he/she deems necessary for the health, safety, and well being of my pet while under the care and supervision of the hospital. I am aware overnight medical care is not available at this facility and may need to transfer the patient if recommended by the veterinarian. I further realize that I am responsible for payment of all above mentioned procedures and/or treatments in full on the day of pick up. If I neglect to pick up the animal within 7 days of the drop off date, Pet Lovers Animal Hospital may assume that the animal has been abandoned. In such instance, I would then authorized Pet Lovers Animal Hospital to take care of my pet as they see fit, including euthanasia or adoption. Abandonment, however, does not release me of my obligation for payment. I am encouraged to discuss any concerns with the veterinarian and staff.

I have read and fully understand this form.

Signature of responsible party

Date