



# Patient Drop-Off Form

**A deposit of \$150 is required at the time of drop off. This deposit will be applied to your final invoice. We do not accept drop offs from new clients.**

**Client information**

Name \_\_\_\_\_ Contact number \_\_\_\_\_

**Pet Information**

Name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_  
Age \_\_\_\_\_ Sex: Female \_\_\_ Male \_\_\_ Unknown \_\_\_\_\_

**Please initial the procedures needed for your pet today**

**Dog:** DHLPPC \_\_\_\_\_ **Cat:** FVRCP \_\_\_\_\_ **\*Does your pet have a history of vaccine reactions?** \_\_\_\_\_  
Rabies \_\_\_\_\_ Rabies \_\_\_\_\_  
Bordetella \_\_\_\_\_ FeLV \_\_\_\_\_  
Heartworm test \_\_\_\_\_ Fecal test \_\_\_\_\_ FeLV/FIV test \_\_\_\_\_ Bloodwork \_\_\_\_\_

**General Exam** (please write specific concerns): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Bath:** Regular \_\_\_\_\_ Medicated (additional \$8 charge) \_\_\_\_\_

I authorize Lake Howell Animal Clinic to sedate or anesthetize my pet, only if necessary. I understand that a doctor or veterinary technician will contact me before sedating my pet. I also understand that there will be an additional charge for sedation. **Initials** \_\_\_\_\_

By signing this form, the client agrees to the following:

- (1) Lake Howell Animal Clinic can perform the procedures requested above. No additional procedures or diagnostics will be performed without contacting the client to obtain his/her authorization.
- (2) The client understands that **ALL SERVICES MUST BE PAID IN FULL AT THE TIME HE/SHE PICKS UP THE PET.**

Client signature \_\_\_\_\_ Date \_\_\_\_\_