



## Patient Drop-Off Release Form

In order to drop off your pet, a minimum of \$150.00 deposit is required.  
We do not accept drop offs from new clients.

### Pet's Information

Pet name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_

Pet's Age \_\_\_\_\_ Sex:  Male  Female

### Owner Information

Owner's name \_\_\_\_\_

Phone number(s) for today \_\_\_\_\_

### Place your initials next to the procedures needed for your pet today

VACCINES: Dog: DHLPPC \_\_\_\_\_ Cat: FRCP \_\_\_\_\_  
Bordetella \_\_\_\_\_ FeLV \_\_\_\_\_  
Rabies \_\_\_\_\_ Rabies \_\_\_\_\_  
Lyme \_\_\_\_\_

TESTS: Heartworm test \_\_\_\_\_ Fecal test \_\_\_\_\_ FeLV/FIV test \_\_\_\_\_

GENERAL EXAM: (please write any specific concerns) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As far as you know, is your pet allergic to or have reactions to vaccines?

Yes  No

BATH: Regular \_\_\_\_\_ Medicated \_\_\_\_\_ (additional \$8 charge)

OTHER: (specify) \_\_\_\_\_

I authorize Lake Howell Animal Clinic to sedate or anesthetize my pet, only if necessary. I understand that there will be an additional charge for sedation and/or anesthesia. Initials \_\_\_\_\_

I request having a doctor or veterinary technician call me before performing any sedation or anesthesia on my pet.  
 Yes  No

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

- (1) Lake Howell Animal Clinic has the client's authorization to perform the procedures requested above. No additional procedures or diagnostics, such as bloodwork, radiographs or surgeries, will be performed without calling the client first to obtain his/her authorization.
- (2) The client understands that ALL FEES MUST BE PAID IN FULL AT THE TIME OF PICK UP.

Signature of pet owner/responsible agent \_\_\_\_\_

Date \_\_\_\_\_