



# DROP -OFF INTAKE FORM

To save time, please complete all fields with as much detail as possible and bring this form with you when dropping off your pet.

Client's Name: \_\_\_\_\_ Check in Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Sign in Weight: \_\_\_\_\_

Species: \_\_\_\_\_ Checked in by: \_\_\_\_\_

How can we contact you today: \_\_\_\_\_

What is the problem your pet is experiencing? Please explain symptoms:

How long has the problem been going on?

Has your pet been treated for this problem before?

Is your pet currently on any medication? Please list:

We will attempt to reach you by phone with an update & recommended plan. In the event we cannot reach you by phone, do we have permission to perform basic diagnostic tests (i.e. bloodwork and/or X-rays) if we feel they are needed?  YES  NO, please wait until you speak to me

Before admittance to the hospital, all animals are required to be up to date on rabies and distemper vaccinations within the last year. Any pets with fleas will be treated appropriately at the owner's expense to protect the other animals in the hospital.

Payment is due when services are rendered unless other arrangements have been made in advance \_\_\_\_\_.

### RELEASE STATEMENT:

I hereby authorize the doctors and staff of Hyde Park Veterinary Clinic to care for and treat my pet. In such case where anesthesia or tranquilization is deemed necessary, I consent to the use of such agents under the direction of a doctor. I acknowledge that the profession of veterinary medicine does not lend itself to any guarantees.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date