

Duncan Veterinary Hospital
Drop-Off Release

Patient's Name: _____
Age: _____ **Breed:** _____
Sex: M F **Spayed/Neutered:** Y N

Owner's Name: _____
Date: _____

We have arranged for you to leave your pet here, to allow **Michael Hudson, DVM** to examine your pet as soon as possible today. Please read through the following questions, and answer any that may apply to your pet. Please read and sign the authorization on the bottom of this form.

Everything was okay with _____ until _____. Since then, _____

My pet is lethargic _____
Water intake has decreased _____, increased _____ or is unchanged _____
My pet has not eaten since _____
My pet started vomiting _____ What substance? _____
_____ My pet last vomited _____

My pet has normal stools _____ My pet seems constipated _____
My pet started having diarrhea _____ What consistency? _____
Has your pet had access to foods other than recommended pet food? _____

My pet has lost _____ or gained _____ weight.
My pet is lame _____, or sore _____, or has been injured _____
I think his/her _____ is bothering him/her.
This started _____. It has worsened _____ or, improved some _____.
This has never _____ or has recently _____ happened, or is a long time problem _____.

I, the owner/agent of above pet, authorize and request an exam for my pet. I understand that sedation and/or pain medication will be provided if deemed reasonable.

If I cannot be reached at this number, I authorize initial diagnostics, including radiographs and blood work, if indicated for my pet. Further treatment, including fluid support and other supportive medications will be started for my pet, if necessary.

I authorize anesthesia, surgery and medications if needed for abscess, laceration or other wounds, if my pet is presented for one of these problems. I understand and accept that when anesthesia is involved, there are always inherent risks, including death.

Payment is due when my pet is discharged, however a deposit may be required after an estimate is prepared and discussed. I accept financial responsibility for charges incurred for this pet.

Fleas and/or ticks on patients will be resolved at the expense of the owner.

I have read and fully understand this drop off authorization form. _____
(Initial here)

Signature: _____ **Date:** _____

Contact name: _____ **Number:** _____