



Drop off Form

Date: _____

Client's Name: _____

Patient's Name: _____

Procedures/Treatments: _____

Please provide any information about your pet that can assist us: _____

I agree that I am the owner of this pet and allow the doctor(s) at The Vet to treat me pet. Furthermore, I agree to pay for all charges that are incurred and I understand full payment is required at discharge.

Owner's/ Agent Signature: _____

Contact #1: _____

Contact #2: _____

Would you like for your pet(s) to have:

Anal Glands Expressed: Yes [] No []

Nail Trim: Yes [] No []