



Drop Off Form

Client Name: _____ Patient Name: _____

Vaccines must be current for a drop off

Telephone number where you can be reached at today: It is important that the doctor can be able to reach you after your pets is examined. They will call you to discuss their recommendations for your pet. No additional testing or diagnostics will be started without your consent.

(____) _____ - _____ Between the hours of _____

(____) _____ - _____ Between the hours of _____

Presenting Complaint:

I am the owner of the animal described above and I authorize and request that this pet be given a physical examination by the doctors of Amigo Animal Hospital. I understand that a doctor will contact me after my pet has been examined to discuss recommended diagnostic test and treatments. I accept full financial responsibility for all test and treatments that I verbally authorize during my conversation with the doctor. I understand that payment is due in full amount when my pet is discharged.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Current on Exam Yes ___ No ___

Current on Vaccines Yes ___ No ___

If not, what vaccines are due: _____