

Animal Clinic of Rural Hall

Drop-Off Authorization & Release

Owner's Name: _____ Date: _____

Phone # where you can be reached at all times today: _____

Pet Name(s): _____

What are we seeing your pet for today?

***Please indicate which of the following apply to your pet (explain as needed):**

Current medications your Pet is on, dosage, and times given:

Changes in Appetite:

- Decrease Diarrhea No Change
 Increase Vomiting

Any recent diet changes? Yes No **If so, what changes have been made?**

Lifestyle of your Pet (Please check one): Indoors Outdoors Both

Does your pet spend time at (Please check all that applies): Dog Park Groomer
 Boarding Daycare Hiking Camping At the beach Or otherwise?

Please Explain:

Flea Preventative? Yes No

Heartworm Preventative? Yes No

If yes, Type: _____

If Yes, Type: _____

What level of immediate diagnostics and treatment do you authorize? Please check one:

- Level 1: Up to \$500 Level 2: Up to \$350
 Level 3: Up to \$250 Level 4: Up to \$150
 Different Amount: please list \$_____

***I authorize sedation for my pet (\$46-\$150 according to weight) if needed. Initials: _____**

As the owner/responsible agent of this pet, I authorize Animal Care Clinic of Rural Hall to provide the necessary medical procedures listed above. I agree to assume all financial responsibility for any charges incurred and understand that such charges are due in full at the end of my pet's hospital stay.

If your pet has fleas, we will administer a Capstar to keep the fleas under control in the Clinic & you will be charged between \$10 and \$12 according to weight.

Date: _____ Signature: _____