



# GREEN COUNTRY VETERINARY HOSPITAL

## MEDICAL DROP OFF FORM

Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Phone number you can be reached at today: \_\_\_\_\_

If we are unable to reach you, who else should we contact?

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Why are we seeing your pet today? Preventive Care or Illness

If illness, please list symptoms and how long your pet has had these symptoms:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If preventive care, what needs to be provided today?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your pet on any medications or dietary supplements? If so, please list below and why.

\_\_\_\_\_  
\_\_\_\_\_

What type (canned or dry), brand and amount of food are you currently feeding your pet?

\_\_\_\_\_

Has your pet eaten today?

\_\_\_\_\_

**During the day it is important that our hospital is able to reach the owner or person responsible for making decisions for the animal if anything occurs that is not planned or estimated. Please choose the best option below to help us efficiently care for your pet in a timely manner.**

**Please Choose one of the following:**

\_\_\_\_\_ please perform whatever procedures the Doctor deems necessary for the best possible care of my pet.

\_\_\_\_\_ I authorize up to \$100.00 \_\_\_\_\_, \$250 \_\_\_\_\_, Other \$ \_\_\_\_\_, in additional procedures until someone can be reached. **(I do understand if I am not reached my animal's procedure will not be continued and will need to receive any additional procedures later that day, causing the possibility that my pet will not be done in time for the scheduled pickup time)**

\_\_\_\_\_ do not perform any additional procedures until specific authorization is given. **(I do understand if I am not reached my animal's procedure will not be continued and will need to receive any additional procedures later that day, causing the possibility that my pet will not be done in time for the scheduled pickup time)**

Signature of Responsible Owner/Agent \_\_\_\_\_