

Drop-Off Patient Evaluation Request Form

	Date:
Client Name:	
Patient Name:	Time:
Contact Number for the day:	//

Concern / Reason for Visit Today:

Has your pet taken any medications or eaten today?:

I authorize diagnostics (lab work and xrays) to be peformed on my pet.

I would like to be contacted prior to any diagnostics (lab work and xrays) being performed on my pet.

Some pets and procedures benefit from sedation.Should this apply to your pet, do you authorizesedation today?YESNO

If surgery or advanced treatment is required, a staff member will contact you at the number provided to discuss further care. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff **has _____ does not have _____** (initial one) my permission to provide such treatment and I agree to pay for such services.