



ORCAS
Veterinary Service

P.O. Box 237 / 429 Madrona Street
 Eastsound, WA 98245
 Ph: (360) 376-6373 / Fax: (360) 376-7838

Drop-Off Form

Today's Procedure:

Your Name:	Today's Date:
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Please leave us two phone numbers at which you can be reached today, as well as an emergency contact:

Your Phone:	Your 2nd Phone:
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Emergency Contact Name:

Emergency Contact Phone:	2nd Phone:
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Pet's Name:	Dog: () Cat: () Other:
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Breed:	Male: () Female: ()	Age:	Color:
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Did your pet eat this morning? Yes: () No: ()	If so, how much?
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Is your pet currently on any medications? Yes: () No: ()

Medications:	Last dose given:
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Did your pet receive insulin this morning? Yes: () No: ()	If yes, at what time?
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Additional services requested today:

<input type="checkbox"/> Nail trim	<input type="checkbox"/> Anal glands expression	<input type="checkbox"/> Other / Comments:
<input type="checkbox"/> Ear cleaning	<input type="checkbox"/> Vaccinations update	
<input type="checkbox"/> Fecal analysis	<input type="checkbox"/> Microchipping	
<input type="checkbox"/> Urine analysis	<input type="checkbox"/> Bloodwork	

I hereby authorize the use of sedation and/or anesthesia as needed, and the performance of related treatment as deemed necessary by the attending veterinarian. I recognize that all anesthetic and surgical procedures carry certain risks and/or complications, including death, and acknowledge that no guarantee has been made regarding results of the intended or any necessary related procedures. I release Orcas Veterinary Service and its agents from all liability regarding this treatment. I have been advised of the nature of the procedure(s) and the risks involved. I agree to be responsible for payment in full for the fees incurred.

Signature of Owner or Agent: _____ **Date:** _____

Printed Name: _____

Admitted by OVS Employee: _____