

Steamboat Animal Hospital Drop Off Form

Parking # _____

PET: <animal> OWNER: <contact><client> CLIENT # <number> DATE: <date>
DESCRIPTION: <breed> BIRTHDAY/AGE: <birthday> / <age> WEIGHT:<weight>
NOTES: <appt-notes>

Contact Person for Exam:		Phone #		
Primary _____	_____	Home	Work	Cell
Secondary _____	_____	Home	Work	Cell

*****PLEASE READ AND INITIAL***** Today's appointment will be considered a drop-off appointment. You will leave your pet with us today for an undetermined amount of time. Once your Doctor team gets a chance to examine your pet they will be contacting you to discuss their care and recommendations. You may go about your day as usual but please be available by phone. There are no standard discharge times for drop-off appointments but pick up will be before the end of business today. Hours of operation: Sunday 9am - 6pm, Monday – Friday 7am – 6pm

Owner's initials _____

Reason for visit: Please list ALL concerns you have. When were symptoms first noticed:

Please list any medications pet is taking and time of last dose:

Please select one of the following options:

____ YES – You give permission to the doctor to perform further tests/treatments up to a price of your choosing. If this price is reached, the doctor will not move forward without your consent. **Please initial.**

\$150-250 _____ \$250-350 _____ \$350-450 _____ \$450-550 _____ Other \$ _____ max

____ NO –Please **call** before doing anything other than the physical exam (\$80-165). **Please be available to take calls as the doctor cannot move forward with any diagnostics or treatments without consent.**

Owner's Release:

I understand the noted anesthetic, surgical, diagnostic or therapeutic procedures may involve risk of complication, injury or even death. I authorize the hospital staff in an emergency situation, to follow through with such procedures as are necessary for the well being of my pet. I agree to assume financial responsibility for all routine and emergency services rendered.

Your signature below indicates that you agree to statements above. You understand that payment for service is due at the end of your visit and you authorize consent to the procedures and administration of anesthesia.

Owner/Agent Signature: _____ Date: _____