



"Where a Healthy Pet is a Happy Pet"

Drop Off Form

Thank you for dropping off your pet with us today! The following information will be used to help our veterinary team accurately complete your pet's medical history for today's visit.

Owners Name _____ Home Phone# _____

Cell Phone # _____ Work # _____

Email Address _____

Patient Information

Patient Name _____ Sex _____ Age _____

Reason for Visit

When did you first notice symptoms?

When did your pet last eat or drink? _____

Has your pet ever had any adverse reaction to any medication? _____

Is your pet currently taking any medication? _____

By signing below, you give Happy Pets Animal Hospital your permission to proceed with any diagnostic testing and/or procedures, including sedation, recommended by the Veterinarian.

Max \$\$ Limit: _____ (you will be called if the estimated bill exceeds this amount)

Owner/Guardian Signature _____ Date _____

Phone number you can be reached today _____

All payments Are Due Upon Service Rendered

You Will Be Notified When Your Pet is Ready for Pick Up