



DROP OFF RELEASE FORM

Owner

Patient

Name: _____

Sex: _____

Breed: _____

Colour: _____

Age: _____

Weight: _____

Admitted by: _____

Vet: _____

Reason for today's drop off _____

Other concerns today _____

Has appetite & water consumption been normal? _____

If no, please explain; _____

Time of last meal; _____

Have you noticed Diarrhoea? _____ How Often? _____ Since when? _____

Has your pet vomited? _____ How Often? _____ Since when? _____

If your pet has a sore limb, please state which one _____ How long? _____

Have you noticed any recent weight loss / gain (circle one) with your pet? _____

Is your pet currently on any medication? _____

If yes, please give name of medication and when last administered _____

Please note any pre-existing medical conditions eg, *Heart murmur, diabetes, etc* _____

What is your pet's Vaccination Status? _____

Would you like your pet; Vaccinated Flea treatment Wormed (Please circle)

Please indicate here if you would like to be phoned prior to treatments or diagnostics being performed? YES/NO

Phone number you can be reached on today _____

Note: For all patients dropped off, there will be a fee for hospitalisation.

I have authority to sign this consent and I am 18 years or older.

Signature of Owner or Authorised Agent

Date: _____