

Brawley Animal Hospital

Drop Off Annual Exam Appointment Form

Owner's name and information:

Owner's Name: _____ Pet's Name:

Best contact phone for the day: _____

Can this number receive texts? YES ____ . NO ____

Email:

What does your pet normally eat and how much daily:

Is your pet having any of the following issues:

Vomiting/Diarrhea []

If so please describe:

Coughing/Sneezing []

If so please describe:

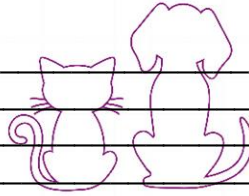
Eating/Drinking normally []

If not please describe:

Change in Activity level:

Describe: _____

Other symptoms or concerns: _____



Please list all medications, supplements, and heartworm and flea and tick preventative your pet is currently taking:

_____ Do you need refills?

Optional Services:

Please select any of the below you wish to be performed on your pet during their stay with us:

_____ **Nail Trim (\$20)**
(\$19)

_____ **Anal Glands (\$22)**

_____ **Ear Cleaning**

PICK UP:

There is no set pick up time for drop-off appointments. Please plan for pick up at 5pm on regular working days. If we are done sooner, we will call you to pick up at an earlier time. If your pet is not picked up by closing time an additional overnight boarding fee will be applied.

I agree (initial): _____

Authorization to Treat:

I here by authorize the attending veterinarian to examine and treat my pet. I accept full responsibility for ALL FEES AND CHARGES incurred in the work up and treatment of my pet. I understand there may be unforeseen complications with treatments. Brawley Animal Hospital's vet and staff will do their best to diagnose and successfully treat my pet but I understand that not one single test may/will be able to diagnose my pet, as well as that the success of treatment cannot be guaranteed. Brawley Animal Hospital will call to approve if any additional testing beyond what is presented on the estimate I have signed.

I agree (initial): _____



Signature:

Date:
