

## GAH Patient Drop Off Form

Owner's Name: \_\_\_\_\_ Patient's Name: \_\_\_\_\_

Phone number where we can reach you today: \_\_\_\_\_

E-mail address for future newsletters: \_\_\_\_\_

What is your preferred method of payment today?  Cash  Check  Credit card

At approximately what time do you want to pick up of your pet: \_\_\_\_\_

**Pick up of your pet must be by 5:00 pm. A late fee of \$15.00 may be assessed for pets checked out after 5:30pm.**

### Medical Problems

Please describe in detail any problems present: \_\_\_\_\_

Duration of problem: \_\_\_\_\_

Has your pet's appetite changed recently? How? \_\_\_\_\_

Has your pet started to drink more or urinate more? \_\_\_\_\_

Do you authorize reasonable diagnostic workup?  Yes  No

Do you authorize sedation if needed?  Yes  No  Call first

### Annual Exams

If your pet is due for an annual exam, do you authorize annual vaccinations, a physical exam, and a fecal worm exam?  Yes  No

Do you authorize an annual heartworm exam if needed for your dog?  Yes  No

Do you authorize an annual feline leukemia/FIV test if needed for your cat?  Yes  No

Do you authorize annual lab work (Chem Panel, CBC, Thyroid Level & Urinalysis)?  Yes  No

### Bathing Services

If you are dropping your pet off for a bath, please specify the type of bath needed.

Regular bath  Flea bath  Medicated bath  No bath needed

Do you authorize the hospital staff to trim your pet's nails?  Yes  No

### Microchipping

Do you want your pet microchipped with an Avid Friend Chip (\$45.50)?  Yes  No

### Other

Do you need to pick up any prescription medicines, food, or heartworm/flea preventative?

### Admission Policy

All animals admitted to the hospital must be current on all required vaccinations and free of external parasites, i.e. fleas and ticks. I hereby give permission to the doctors and staff of GAH to update my pet's vaccinations if necessary and to treat any external parasitism noted. I understand that I will be financially responsible for these services. GAH also reserves the right to assess an aggressive animal fee if my pet poses a safety risk to the staff. Furthermore, GAH is not staffed after hours. If your pet requires overnight care, you will be referred to the Animal Emergency Center.

I understand that all fees are due at the time that services are rendered. In the event of default or failure to pay, I, the undersigned, agree to pay all attorney fees and the collection cost of said debt.

**Owner/Agent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_