



CLIENT ID: _____

PATIENT: _____

CLIENT: _____

DROP OFF CARE AUTHORIZATION

ADMITTED FOR: _____

PHONE NUMBER: *Mr. Mrs. Ms. Co-owner* / WORK HOME CELL: _____

I AUTHORIZE SEDATION IF THE DOCTOR THINKS IT IS NECESSARY. YES / NO

PRE-ANESTHETIC LAB TESTING (REQUIRED IF >6 YEARS OF AGE). YES / NO

WHEN DID YOUR PET LAST EAT? _____ WATER IS OK

IS YOUR PET ON MEDICATIONS (please list): _____

MEDICATION LAST GIVEN: YESTERDAY/ TODAY _____ AM/ PM

MEDICATION DOSE GIVEN: _____

ADDITIONAL SERVICES: EXAM FECAL TEST HEARTWORM TEST VACCINATIONS NAIL TRIM
ANAL GLAND EAR CLEANING BATH OTHER

Specify: _____

TOYS COLLAR/LEASH CARRIER BEDDING

Description: _____

I understand that any medical or surgical procedures may be attended by unforeseen risk. In the event of illness or injury, I authorize the **Gaithersburg Animal Hospital** to administer treatments and medications as necessary for the health, safety, comfort and well-being of the above-described pet.

Dogs admitted for treatment must be **currently vaccinated** for Rabies, Bordetella, Distemper/Parvo (DHPP) and Influenza; and cats for Rabies and Distemper (FVRCP). Pets with external parasites (fleas, ticks, mites, etc.) or without verifiably current vaccinations will be treated at the standard fee, medical condition permitting.

There is a minimum "daycare" fee of **\$14.98** for pets being dropped off. We gladly provide written estimates of anticipated costs upon request. Payment in full is required at discharge. Amex, VISA, MasterCard, Discover, personal checks with a valid ID and cash are accepted.

SIGNATURE: _____ DATE: _____

RECEPTIONIST: _____ NURSE: _____ DOCTOR: _____