

**DROP OFF RELEASE FOR TREATMENT**

I am dropping my pet off at Best Friends Veterinary Hospital for examination and treatment. I will not be present during the examination. Any fleas or ticks found during examination will be treated. **I understand that my pet will be examined at a time convenient to the doctor, not at a set appointment time.** I have provided the following information to aid the doctor in this examination.

Owner: \_\_\_\_\_ Pet \_\_\_\_\_

Phone numbers where you can be reached to provide additional information or to authorize additional diagnostics and treatment: Cell: \_\_\_\_\_ Other: \_\_\_\_\_ Email: \_\_\_\_\_

Pick up time of your pet is at the end of the business day unless otherwise arranged. \_\_\_\_\_

Major symptom (s): \_\_\_\_\_

How long has this been going on?      Getting better, staying the same, or getting worse?  
Appetite:                      Drinking?                      Urination?                      Stools?

Other Problems:

Sometimes laboratory tests are needed to complete the pet's evaluation.

- I Authorize      a) Tests for parasites      b) Blood work      c) x-rays/urinalysis  
                         e) Diagnostic testing up to the amount of \$25 \$50 \$75 \$100 other amount \_\_\_\_\_  
                         f) Please call me before performing any laboratory test

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 12-03-13

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