

# Cardinal Animal Hospital, P.A.

## Drop Off Authorization/Questionnaire

Owner's Name \_\_\_\_\_ Contact # \_\_\_\_\_ Date \_\_\_\_\_

Pet's Name \_\_\_\_\_ Pet's Age \_\_\_\_\_

### **Please read & initial the following:**

\_\_\_\_\_ \*It is our hospital's policy that all animals dropped off must be current on all required vaccinations and must be free of external parasites. Any found to have fleas or ticks will be treated at the owner's expense. **An exam within the past year for pets under 10 years old & an exam within the past 6 months for pets 10 years old and over will be required to give a flea treatment as it is an oral prescription.**

### **ANNUAL WELLNESS EXAM & VACCINATIONS**

**Canine**    Wellness Exam    Rabies    DAP3/DHPP    Leptospirosis    Bordetella    Fecal    HWT

**Feline**    Wellness Exam    Rabies    HCP3/FVRCP    Leukemia    Fecal    FIV/FELV Combo Test

\*Senior Testing (over 6 years of age):    Blood Work    Urinalysis    Declined

\*Do you need heartworm or flea preventative?    Frontline    Nexgard    Heartgard    Revolution    Sentinel

\***SICK/INJURED PETS:**    Exam    Blood Work/Other Lab work    Radiographs    Urinalysis

### **HEALTH ISSUES:**

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**Duration of Condition(s):** \_\_\_\_\_

**Are there any other problems we should be aware of today?**

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### **Authorization: Select One**

I authorize the veterinarian to perform the above on my pet then call me at \_\_\_\_\_ to discuss any further diagnostic testing and treatment. **Do not proceed prior to talking to me.**

I authorize diagnostic tests and/or treatments as recommended by the veterinarian **without calling me** prior to tests and/or treatment.

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