

Faithful Companions Animal Clinic
Patient Drop Off Form

Admission Policy:

All animals admitted to Faithful Companions Animal Clinic 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 Faithful Companions Animal Clinic 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. Faithful Companions Animal Clinic also reserves the right to assess an aggressive animal fee if your pet poses a safety risk to the staff. Furthermore, Faithful Companions Animal Clinic 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 attorneys' fees and the collection cost of said debt.

Owners Name _____

Pets Name _____

Phone number where we can reach you today _____

What is your preferred method of payment today?

_____ credit card _____ care credit _____ cash
_____ check (Driver License & Social Security # is required if paying by check)

Please Initial All that apply:

My pet is here for:

_____ Boarding: Pick up date is ____/____/____ apply frontline? _____

_____ Bath (type of bath (circle one): regular, flea, medicated)

_____ Grooming

_____ Other _____

_____ Surgery (type of surgery being performed: _____)

Would you like anything else done for your pet while it is under anesthesia?

If so, what? _____

My pet is due for the following vaccinations and/or tests:

Canine:

_____ UP TO DATE ON VACCINES

_____ Distemper/Parvo/Parinfluenza (DA2PP) 1 YR

_____ Distemper/Parvo/Parinfluenza (DA2PP) 3 YR **circle one**

_____ Rabies 1 YR

_____ Rabies 3 YR **circle one**

_____ Broward County 1 YR Sterile Tag

_____ Broward County 1 YR Intact Tag

_____ Bordatella/Canine Cough

_____ Fecal

_____ Heartworm/Ehrlichia/Lyme Test (HW3DX)

_____ Office Visit

_____ Annual Physical Exam

_____ Annual Wellness Bloodwork (heartworm test included)

Feline:

_____ Feline Viral Rhinotracheitis/Calicivirus/Panleukopenia (FVRCP) 1YR

_____ Feline Viral Rhinotracheitis/Calicivirus/Panleukopenia (FVRCP) 3YR **circle one**

_____ Feline Leukemia (FELV)

_____ Rabies 1 year

_____ Fecal Test

_____ FIV/FELV/HW test

Would you like your pet microchipped? Circle one: Yes / No or My pet has a microchip already

Would you like any other services while your pet is here today?

Items: food, shampoo, medication, heartworm prevention, flea and tick prevention

SIGNATURE _____ DATE _____