



**Patient Drop-Off Form**

Contact Phone #'s Today: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Owners Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

**Reason for Examination:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

**If necessary for examination, do we have permission to sedate your pet?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**When did you first notice the problem?**

\_\_\_\_\_

**Have you treated your pet with anything at home?**

\_\_\_\_\_

**Are there any other problems your pet might have of which we should be aware?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To effectively diagnose and treat many conditions, diagnostics such as x-rays, blood work, and other procedures may need to be performed. We will notify you by phone, ask for your permission to treat, and provide an estimate before undertaking these tasks. In the event of a life-threatening emergency, we will make every attempt to stabilize your pet and notify you as to the extent of the problem as soon as possible.**

**I HEREBY AUTHORIZE ROCKY HILL ANIMAL HOSPITAL, ITS DOCTORS AND STAFF, TO GIVE STANDARD AND ACCEPTED TREATMENT NECESSARY FOR THE WELL BEING OF MY PET, AND AGREE TO BE RESPONSIBLE FOR ANY AND ALL COSTS INCURRED IN CONNECTION WITH TREATMENT. I ALSO AUTHORIZE EMERGENCY TREATMENT IN THE EVENT THAT I CANNOT BE REACHED BY TELEPHONE IN A TIMELY MANNER. I UNDERSTAND ONLY THE MINIMUM DIAGNOSTICS AND/OR TREATMENT WILL BE ADMINISTERED TO MY PET UNTIL I CAN BE CONTACTED FOR DIRECT AUTHORIZATION.**

**Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

