



Suburbia North Animal Hospital  
**Drop Off Treatment Release**

Owner \_\_\_\_\_ Patient \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_

**What is your pet being dropped off for today?** (Please describe)

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**How long have you noticed the problem?**

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What medications is your pet on? \_\_\_\_\_

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Do we have permission to perform bloodwork on your pet prior to contacting you? YES NO

Do we have permission to perform x-rays on your pet prior to contacting you? YES NO

I do hereby certify that I am the owner (or duly authorized agent for the owner) of the animal described above, and I do hereby give Suburbia North Animal Hospital full and complete authority to perform any procedure that, at their discretion, may be useful to the health of the above described pet.

**Signature of owner** \_\_\_\_\_

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

**Contact Phone Number**

# \_\_\_\_\_