



Turquoise Animal Hospital

Drop-Off Form



Owner _____ Pet _____ Date _____

☒ Phone #(s) where you can be reached today: _____

Briefly describe the problem: _____

Duration of problem _____ hours days weeks months lifetime

Circle ALL symptoms:

- | | | | |
|-------------------|------------------------|------------------------|-------------|
| Vomiting | Coughing | Odor in Mouth | Limping |
| Weight Gain | Diarrhea | Odor on Body | Sneezing |
| Weight Loss | Hair Loss | Excessive water intake | Eye Problem |
| Urinary Leaking | Excessive scratching | Ear Problem | Fleas |
| Urinary straining | Excessive foot licking | Scoting | Lump/Bump |
| Poor Appetite | | | Listless |

List **ANY** medications or supplements your pet is taking: _____

Minimum Charge for drop-off is \$68.85 (office visit/examination + day boarding)

CHECK ONE:

I authorize Turquoise Animal Hospital and its employees to proceed with diagnostics and treatment on my pet PRIOR to contacting me not to exceed \$_____. I understand I am responsible for all charges at the time of pick up.

OR

Please examine my pet but DO NOT proceed with any diagnostics or treatment before contacting me at the above number(s). This will delay treatment if we cannot contact you!

As a drop off I understand that my pet will be examined on a "time available" basis. Examination MAY be delayed several hours depending on the appointment or surgical scheduling. If anesthesia is required I understand the risks associated with anesthesia. I UNDERSTAND AND AGREE TO THE ABOVE.

☒ Owner's Signature _____ Date _____

ALSO: Would you like your pet to receive a nail trim while he/she stays with us (\$12.80)? YES NO