



## LAGUNA GROVE VETERINARY HOSPITAL

### Drop Off Pet Form

Owner's Name \_\_\_\_\_

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

Brief History of Problem \_\_\_\_\_

\_\_\_\_\_

Is Pet on Any Medication? \_\_\_\_\_

If Yes, What \_\_\_\_\_

I authorize the following tests and/or treatments the doctor recommends.

- Physical Exam
- X-Rays
- Blood Work
- Laboratory Tests
- Treatment, i.e.: injections, oral medications, Special shampoos, etc.
- Vaccines
- Toe Nail Trim
- Please List any other services requested \_\_\_\_\_

\_\_\_\_\_

If costs exceed \$\_\_\_\_\_ I require prior authorization.

I will be available at this telephone number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Date

\*Please note that all Drop-offs **MUST** be picked up by 5:45pm or additional BOARDING CHARGES will apply as we close at 6:00pm. Thank you😊