

CHINA GROVE VETERINARY CLINIC DROP-OFF EXAM/TREATMENT FORM

CLIENT NAME: _____

PET'S NAME: _____

TELEPHONE NUMBER TO REACH YOU TODAY: _____

Please describe the problem(s) your pet is having, pertinent history leading up to the current condition, and any previous major medical conditions below:

What medications (if any) has your pet received in the last week?

Is your pet sensitive or allergic to any medications or food no yes

Please list:

If your pet's health allows, it is this hospital's policy to update your pet's vaccines during any hospital stay. The following vaccines will be administered if deemed appropriate by the veterinarian on duty:

- RABIES
- DHLPP
- BORDETELLA
- PCRC
- FELINE RABIES

In admitting my pet(s) for diagnostics, treatment, or surgery, I authorize the veterinarians of China Grove Veterinary Clinic and their support staff to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary. All pets will be treated for fleas at entry of clinic at the owner's expense.

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED

Signed: _____

Date: _____