

Drop-Off Form

Miramar Animal Hospital | 4448 Hendricks Ave Suite One, Jacksonville, FL 32207 | (904) 737-0403

Client Name: _____

Pet's Name: _____

Phone Number(s): _____

Today's Date: ~~<appt-date>~~ _____ Pick-up date and time: _____

Reason for today's visit: Vaccines Bath Nail Trim Anal Gland Expression
 Exam (please describe below) Other _____

Primary problems/symptoms (Please check all that apply):

___ Lethargy/Weakness	___ Changes in drinking	___ Breathing problems
___ Vomiting/Diarrhea	___ Changes in appetite	___ Lumps
___ Constipation	___ Coughing/Sneezing	___ Scratching/Skin changes
___ Changes in urination	___ Limping	___ Behavioral changes

Please explain any problems/symptoms above (include duration, location, description, etc): _____

Is your pet on any medication (including heartworm and flea meds)? What medications? When were they last given? _____

Does your pet have any allergies? If yes, please list: _____

When did your pet last eat and drink? _____

___ I authorize any and all diagnostics/treatment the doctor deems necessary, including bloodwork, radiographs, and sedation if needed.

___ I authorize diagnostics/treatment up to the amount of \$_____.

___ Please call me before performing any diagnostics/treatment.

I hereby authorize Miramar Animal Hospital to prescribe for and treat the conditions presented on this form for the pet presented by me. Miramar Animal Hospital and staff will not be held liable for any problems that develop provided that reasonable care is/was provided. Furthermore, I agree to pay all fees in full for services rendered when the pet is discharged, unless other prior arrangements have been agreed upon by both parties.

Signature: _____ Date: _____