



GREEN COUNTRY VETERINARY HOSPITAL

MEDICAL DROP OFF FORM

Date: _____

Owner's Name: _____

Phone number you can be reached at today: _____

If we are unable to reach you, who else should we contact?

Name: _____

Phone: _____

Pet Name: _____

Why are we seeing your pet today? Preventive Care or Illness

If illness, please list symptoms and how long your pet has had these symptoms:

If preventive care, what needs to be provided today?

Is your pet on any medications or dietary supplements? If so, please list below and why.

What type (canned or dry), brand and amount of food are you currently feeding your pet?

Has your pet eaten today?

During the day it is important that our hospital is able to reach the owner or person responsible for making decisions for the animal if anything occurs that is not planned or estimated. Please choose the best option below to help us efficiently care for your pet in a timely manner.

Please Choose one of the following:

_____ please perform whatever procedures the Doctor deems necessary for the best possible care of my pet.

_____ I authorize up to \$100.00 _____, \$250 _____, Other \$ _____, in additional procedures until someone can be reached. **(I do understand if I am not reached my animal's procedure will not be continued and will need to receive any additional procedures later that day, causing the possibility that my pet will not be done in time for the scheduled pickup time)**

_____ do not perform any additional procedures until specific authorization is given. **(I do understand if I am not reached my animal's procedure will not be continued and will need to receive any additional procedures later that day, causing the possibility that my pet will not be done in time for the scheduled pickup time)**

Signature of Responsible Owner/Agent _____