



Drop Off

Owner _____ Pet _____

Phone Numbers(s): _____

Reason for Drop-Off: _____

Procedures to be completed while your pet is staying with us: check all that apply

- Trim nails
- Clean ears
- Clip mats
- Pluck ears
- Express anal glands
- Bath (dogs only)

Does your pet need to be fed or medicated while here? **Yes** **No**

Food _____ Amount _____ time _____

Medication _____ Amount _____ time _____

Medication _____ Amount _____ time _____

Permission to treat after exam? **Yes** **Call first**

Permission for sedation, if needed? **Yes** **Call first**

For the safety of all our patients, if fleas or ticks are found upon admission, your pet will be treated.

Treatment fees are due at time of discharge.

Pick Up Times: M-F: until 8 PM Sat: until 1 PM.

Pick-up Time _____ AM PM

I authorize the procedures indicated above and assume full financial responsibility for fees incurred while my pet is treated at Towne Animal Clinic.

I understand that any balance due must be paid at discharge and that I am responsible for any and all collection and attorney fees associated with unpaid charges and returned checks.

Client Signature

Date

Items left with pet (circle all that apply) (OFFICE USE ONLY)

- Collar _____
- Leash _____
- Food _____
- Carrier _____
- Any other items left _____

Verified by (staff initial) _____