

# Apple Tree Cove Animal Hospital

Please print this form, fill it out and bring it with you at the time you are dropping off your pet.

## Drop-Off Treatment Form

Please explain the reason for this visit (concerns about your pet), and the duration of the condition:

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- Has your pet eaten in the last 24 hours?  Yes  No
- Has your pet's water consumption been normal in the last 24 hours?  Yes  No
- Has your pet urinated normally in the last 24 hours?  Yes  No
- Has your pet had a normal bowel movement in the last 24 hours?  Yes  No

### Authorization for Diagnostic Procedures:

Diagnostic tests are often necessary for the doctor to be able to determine your pet's condition. Listed below are common diagnostic procedures. The doctors will only request those procedures that are absolutely needed to determine your pet's condition.

Please initial only one:

- \_\_\_\_\_ I authorize any diagnostics the doctor deems appropriate.
- \_\_\_\_\_ I require an estimate/consultation after the physical exam, prior to any diagnostic tests.

### Additional Services Offered

- Fecal Test**  Yes  No      **Microchip Identification**  Yes  No
- Ear Cleaning**  Yes  No      **Anal Gland Expression**  Yes  No
- Flea Medication**  Yes  No
- Prescription Refills**  Yes, \_\_\_\_\_  No

**Hospitalization charges will apply depending on the level of care needed.**

### Consent to Treatment:

**I am the owner, or a representative of the owner, of the animal presented and have the authority to sign the treatment to consent form. As Owner (or agent) over 18 years of age, I authorize Apple Tree Cove Animal Hospital to treat my pet for the condition described above.**

SIGNATURE OF OWNER OR OWNER'S REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE NUMBER WHERE I CAN BE REACHED TODAY: \_\_\_\_\_