

LOOP 363 ANIMAL HOSPITAL

DROP OFF FORM
(Healthy)

Receptionist Only

Client: _____ Patient: _____

Procedure(s): _____

Canine

Feline

Rabies Due: _____ (required annually)

Rabies Due: _____ (required annually)

DAP Due: _____

FVRCP Due: _____

Bordetella/Parainfluenza Due: _____

FELV Due: _____

CLIENT ONLY

What is a good phone number we can reach you at? _____
PICKUP TIME IS AFTER 2

If you would like to purchase a Vaccine Package please circle your choice

Silver

Gold

Platinum

Would you like to have a wellness blood profile today? **Yes No**

Would you like to have your pet bathed today? **Yes No**

Would you like to have your pet's teeth brushed today? **Yes No**

Do you need flea or heartworm preventative? **Yes No**

Heartworm Preventative 1 month 3 months 6 months 12 months
_____ (product name)

Flea Preventative 1 month 3 months 6 months 12 months
_____ (product name)

Do you have any special instructions? _____

Requirements for drop-offs:

1. All animals must be current on all required vaccinations listed above.
2. All animals must be free of internal and external parasites ex: ticks, fleas, etc, or they will be treated at owner's expense.
3. Loop Animal Hospital has my permission to do whatever necessary should an emergency arise.
4. Pets may be picked up between 7:30am and 6pm Monday-Friday **NO EXCEPTIONS!!!**

I HAVE READ AND UNDERSTAND THE REQUIREMENTS FOR DROPPING MY PET OFF

Payment Will Be Made By: (please circle) Cash – Check – Visa – M/C – American Express – Discover-Care Credit

OWNER'S SIGNATURE _____ DATE _____