



DROP OFF FORM

Date: _____

Pet name: _____ Owner name: _____

Contact number for today: _____ Secondary contact: _____

Previous health concerns or problems: _____

Current Medications: _____

Vaccine Status: Current ___ Out of Date: ___ Date and Type Due: _____

All hospitalized and drop off patients must be current on vaccinations unless previously specified for medical reasons. This policy is for the protection of other patients. If my pet is not up to date, I agree to allow BAH to administer vaccinations if deemed necessary.

Flea Preventative: _____ Heartworm Preventative: _____

All hospitalized and drop off patients must be on flea preventative and heartworm preventative to decrease exposure of other hospital animals to fleas and intestinal parasites. If my pet is not on these preventatives, I agree to allow BAH to administer a preventative, if deemed necessary, at a minimal charge.

Reason for Drop Off:

Additional Request or Concerns: _____

I understand that every effort will be made to contact me by the staff at Belmont Animal Hospital prior to additional diagnostics and therapies following initial examination. I understand that if I am unavailable, the doctors may elect to proceed with diagnostics and therapeutics for my pet based on their judgment. I understand the necessity of this and agree to pay for all services at time of discharge.

Signature: _____ Date: _____