

Mechanicsville Animal Hospital Patient Drop off Form

FELINE

PETS NAME: _____

Owners Name: _____

Contact Number: _____

Secondary Contact Number: _____

REASON FOR VISIT: _____

The vaccines/treatments that your pet is due for are highlighted. Please check which options you elect.

The annual wellness exam is applicable with all vaccines.

- FDRC
- ANNUAL WELLNESS EXAM
- RABIES
- FECAL (STOOL SAMPLE)
- FELINE LEUKEMIA
- FIV + FELV TEST
- ANNUAL BLOOD CHECK

Additional Services

- NAIL TRIM
- SANITARY CLIP

Please check all that applies to your pet's current condition

- Behavior Problems
- Bleeding Gums
- Breathing hard
- Loss of balance
- Weakness
- Vomiting
- Blood in stool
- Diarrhea
- Weight loss
- Unable to defecate
- Decrease Appetite
- Increase Appetite
- Increase Thirst
- Decrease Thirst
- Ingested Foreign Substance
- Increase Urine
- Decrease Urine
- Ear Problems
- Eye Problems
- Limb Issues
- Hair loss
- Itchy Skin
- Shaking head
- Sneezing
- Coughing

Duration of your pet's symptoms? _____

Additional Information _____

I hereby authorize the veterinarian and Mechanicsville Animal Hospital to examine, prescribe for, or treat the above described pet. I will assume responsibility for all charges incurred for the care of this animal. I also understand that these charges will be paid at completion of service or time of release and that a deposit of 50% is required for surgical and/or in-hospital treatments. As the owner/authorized agent for the above patient. I give consent for Mechanicsville Animal and maintain anesthesia if deemed necessary. I understand and accept that there is a risk associated with any type of anesthetic procedure.

SIGNATURE OF OWNER: _____ DATE _____