Drop Off Form

Client ID: <folder>
Client Name: <first-name> <last-name>
Patient ID: <animal-folder>
Name: <animal>
Species: <species-name>
Breed: <breed>
Sex: <sex-name>
Telephone: <phone>
Number for Veterinarian to call _____

Please list the reason you are dropping your pet off. _____
_____
_____

Please describe your pet's illness, if any. _____
_____
_____
_____

I would prefer an estimate of any treatment prior to the procedure(s) or treatment being done.
    Yes ( )   (if you are unable to be reached the doctor will proceed with treatment)
    No ( )

While I accept that all procedures will be performed to the best of the ability of the staff at North Hills Animal Hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I assume financial responsibility and agree to provide payment via cash, credit card, check or Care Credit at the time my pet is discharged from North Hills Animal Hospital.

_____   _____
Signature   Date

Technician_____   Receptionist_____

Assistant_____