

ALOHA DOG & CAT HOSPITAL PC

17335 SW Tualatin Valley Highway, Aloha, Oregon 97006
phone 503.649.5611 fax 503.649.5961 email adchospital@aol.com

DROP OFF RELEASE

PLEASE PRINT

Owner Name _____ Pet Name _____

Reason for today's drop off: _____

Other concerns today: _____

Has appetite and water consumption been normal? _____

If no, please explain _____

What food is your pet on? _____ Time of last meal: _____

Have you noticed diarrhea? _____ how often? _____ since when? _____

Has your pet been vomiting? _____ how often? _____ since when? _____

Have you noticed weight loss or weight gain with your pet? _____ since when? _____

Is your pet currently on any medications? _____

If yes, please give name and time last administered: _____

The Veterinarian on call will perform a thorough physical exam as soon as the schedule allows. For the benefit of your pet's health, it is important to start treatment as soon as possible. If recommended, what procedures do you authorize?

- | | |
|------------------------------------------|------------------------------------------|
| _____ Blood Work (\$50.00 -- \$120.00) | _____ Fluid Therapy (\$30.00 -- \$80.00) |
| _____ Radiographs (\$130.00 -- \$200.00) | _____ Urinalysis (\$30.00 -- \$50.00) |
| _____ Sedation (\$35.00 -- \$70.00) | |

If you would like to be called prior to treatments or diagnostics being performed,

Please initial here _____

Phone where you can be reached today _____

Or _____

Flea Treatment Policy: All animals found to have an existing flea population will be treated with an appropriate flea product.

**** For all patients dropped off, there will be a fee for hospitalization. All fees are due upon discharge.

Date

Signature of Owner or Authorized Agent