

Sequoia Veterinary Hospital, Inc.

Internal Medicine Drop Off Form

Linda Jorgensen, DVM, Diplomat, A.C.V.I.M.

PET'S NAME

PROCEDURE

DATE

Contact Name

Phone Number

Contact Name

Phone Number

Has your pet eaten today? yes no How much? _____

When? _____

Has your pet had any medications today? yes no What kind? _____

When? _____

Do you authorize your pet to stay overnight if the Doctor feels it's warranted? yes no

Any additional information for the doctor:

If the doctor believes a test or procedure (not previously planned or discussed) is in my pet's in my pet's best interest:

(check one)

_____ I authorize the doctor to proceed.

_____ I prefer to be called. However, if I cannot be reached, I authorize the doctor to proceed.

_____ I do not authorize any additional procedures or tests unless I can be reached and give my approval.

Signature _____