

SEQUOIA VETERINARY HOSPITAL, INC.

DROP OFF FORM

DATE:

PET'S NAME:

PRIMARY CONTACT:

Phone:

SECONDARY CONTACT:

Phone:

PROCEDURE:

**** IT IS IMPORTANT YOU ARE PROMPTLY REACHABLE THE DAY OF THE PROCEDURE ****

Has your pet eaten today? (circle one) YES NO What time? _____
How much? _____

Has your pet had any medications today?	YES	NO	If so, what medications?	Time given?
			_____	_____
			_____	_____
			_____	_____

If your pet is being anesthetized, would you like a complimentary nail trim? YES NO N/A

Any additional information or instructions for the doctor:

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

- I do not authorize any additional tests or procedures unless I can be reached and give my approval.
- I prefer to be phoned prior to any additional procedures, other than emergencies. However, if I cannot be reached, I authorize the doctor to proceed.
- I authorize the doctor to proceed.

SIGNATURE _____