

DROP OFF INSTRUCTIONS

DATE _____ CLIENT _____

PET'S NAME _____

PLEASE SUMMARIZE WHY WE ARE SEEING YOUR PET

EATING AND DRINKING NORMALLY? _____

REGULAR DIET AND AMOUNT FED? _____

ANY CHANGES IN BEHAVIOR OR ACTIVITY LEVEL?

DESCRIBE ANY TREATMENTS YOU HAVE GIVEN

I understand that during the performance of this procedure, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) listed above. I expect The Valley Veterinary Clinic to use reasonable care and judgement in performing the procedure(s). The nature of the procedure and the risks involved have been explained to me and I realize that results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding the animal. I understand that I assume financial responsibility and will pay for all services upon The Valley Veterinary Clinic discharge from the clinic. _____

In the event of abandoning my pet, I hereby authorize The Valley Veterinary Clinic or its representatives to dispose of such pets ten (10) days after written notice of such abandonment to owner's address on record. Should collection become necessary, I hereby expressly agree to pay all costs of collection including an additional collection of 35% whether or not the account is turned to an outside collection agency. I further agree to pay all court costs and attorney's fees should legal action become necessary.

WHERE CAN WE REACH YOU TODAY? _____
ALT NUMBER? _____

SIGNATURE: _____