



DROP OFF CARE AUTHORIZATION

CLIENT ID: _____ PATIENT: _____ CLIENT: _____

ADMITTED FOR: _____

PHONE NUMBER Mr. Mrs. Ms. / HOME WORK CELL _____

I AUTHORIZE SEDATION IF THE DOCTOR THINKS IT IS NECESSARY. YES / NO

PRE-ANESTHETIC LAB TESTING (REQUIRED IF >6 YEARS OF AGE) YES / NO

IS YOUR PET ON MEDICATIONS? _____ IF SO, WHAT DOSAGE? _____

WHEN DID YOUR PET LAST EAT? _____ MEDICATION LAST GIVEN: _____

MEDICATION DOSE GIVEN: _____

ADDITIONAL SERVICES AVAILABLE:	EXAM	FECAL TEST	HEARTWORM TEST	VACCINATIONS
	EAR CLEANING	ANAL GLAND CLEANING	NAIL TRIM	BATH OTHER

Specify: _____

TOYS	COLLAR / LEASH	CARRIER	BEDDING
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DESCRIPTION: _____

I understand that any medical or surgical procedures may be attended by unforeseen risk. In the event of illness or injury, I authorize the **Gaithersburg Animal Hospital** to administer treatments and medications as necessary for the health, safety, comfort and well-being of the above described animal.

Dogs admitted for treatment must be **currently vaccinated** for Bordetella, Distemper/Parvo (DHPP) and Influenza; and cats for Distemper (FVRCP). All pets must be currently vaccinated against Rabies. Pets with **external parasites** (fleas, ticks, mites, etc) or without verifiably current vaccinations will be treated at the standard fee, medical condition permitting.

There is a minimum "daycare" fee of _____ for pets dropped off for the day. We gladly provide written estimates of anticipated costs upon request. Payment in full is required at discharge. VISA, MasterCard, and Discover; in addition to personal checks with proper identification (MD driver's license or picture ID) are accepted.

SIGNATURE: _____ DATE: _____

RECEPTIONIST: _____ NURSE: _____ DOCTOR: _____