

HILLSIDE VETERINARY HOSPITAL
 191 Augustine Avenue Charles Town, WV 25414
 (304) 728-2203

Drop Off Consent Form

Client Name: _____ Pet Name: _____ Date: _____
 Species: _____ Breed: _____ Sex: _____ Color: _____ Birth Date: _____
 Address: _____ Telephone: _____ Email: _____

What is the main reason for your pet's visit today? Please provide as much detail as possible:

How long has this problem been going on? _____ Has it gotten better/worse? _____
 Have you provided any treatment(s) at home? _____
 Has your pet ever had a reaction to any med(s)? _____
 Is your pet on Heartworm meds? Yes No Flea/Tick meds? Yes No What kind? _____
 What brand of food does your pet eat? _____ How much? _____

Cats: Indoor Only Outdoor Only Indoor/Outdoor

Please check any symptoms your pet is experiencing:

- Vomiting Shaking Head Scratching (where?) _____ Diarrhea Constipation
 Limping (which leg?) _____ Coughing Blood in stool Lack of appetite Lethargy
 Lump(s) - location _____ Sneezing Seizures Increased drinking or urination

In order to assist your pet as quickly as possible, do you give permission to do the following (if deemed necessary by the Veterinarian)?

- Labwork X-rays Sedation/Anesthesia Other: _____

Please indicate if/which vaccinations/tests, or services, you would like us to perform today:

****Please Note: WV state law requires a current Rabies vaccination on all pets.****

Dogs	Cats	Additional Services
<input type="checkbox"/> Rabies \$25 <input type="checkbox"/> DHPP \$20-26 <input type="checkbox"/> Lyme \$38 <input type="checkbox"/> Bordetella \$24 <input type="checkbox"/> Canine Influenza \$52 <input type="checkbox"/> Leptospirosis \$25 <input type="checkbox"/> Heartworm/Lyme/Ehr/Ana snap test \$45	<input type="checkbox"/> Rabies vacc \$25 <input type="checkbox"/> 4in1/FVRCP vacc \$20-\$26 <input type="checkbox"/> Leukemia vacc \$30 <input type="checkbox"/> Leukemia/FIV test \$50	<input type="checkbox"/> Anal Sac Expression \$18 <input type="checkbox"/> Nail Trim \$15 Other: _____

AUTHORIZATION: I verify I am the owner (or Authorized agent) of the above named pet and authorize the above procedure to be performed. I agree to be responsible for any charges incurred while my pet is in the care of this facility and understand payment is due at the time my pet is released from the hospital. I understand no staff will be attending to my pet if it stays overnight (pets needing special care may be referred to a 24 hour hospital).

Best number to reach you **today**: _____ May we text? Yes No

Owner/agent Name (print): _____ Signature: _____ Date: _____

Any meds your pet is on? _____ Last dose: _____