

Argyle Veterinary Clinic
Drop Off Form

Owner's Name: _____ Date: _____
Pet's Name: _____ Age: _____

Contact Information

What is the best way to reach you today?

Home: _____ Work: _____ Cell: _____

Hours you can be reached _____

Estimated pick up time _____

Pet's Condition

Give a brief description of why your pet is here today _____

When was the last time your pet ate, treats included?

Time _____ Amount _____

Is your pet currently on any medications? Yes / No (circle one)

If yes, what is the medication, the dosage and what time was it last given?

Do you need a refill on this medication? Yes / No (circle one)

Treatment

Do we need to call you prior to treatment?

Yes / No (circle one)

May we sedate or anesthetize your pet if necessary?

Yes / No / Call First (circle one)

May we X-RAY your pet if necessary?

Yes / No / Call First (circle one)

May we do bloodwork?

Yes / No / Call First (circle one)

Professional fees are to be paid at the time services are performed

In admitting my pet(s) for diagnostics, treatment, or surgery, I authorize the veterinarians of Argyle Veterinary Clinic and their support staff, to administer such treatment and/or perform such diagnostic or surgical procedures as chosen above. I assume the responsibility for all fees and service charges incurred for the above procedure(s), including attorney fees.

Date: ____ / ____ / ____

Owner or Responsible Party