



Animal Health Center
 1146 Hwy 51
 Madison, Ms 39110
 601-856-8317

Drop Off Questionnaire/Release Form

Client Name: _____ Pet Name: _____ Date: _____

Best Phone Number to reach you today: _____

Describe the reason for your pet's visit today (List everything) _____

List medications your pet is currently taking

Medication	Dose	Times Given

Does your pet suffer from any of the following symptoms?

Diarrhea Vomiting Coughing Itching Limping Decreased Appetite

Increased Water Consumption Lethargy Irregular Breathing

Other: _____

When was the last time your pet ate? _____ What did they eat? _____

Is your pet currently on Heartworm medication? Yes Type: _____ No

Is your pet currently on Flea Prevention? Yes Type: _____ No

Percent of time your pet spends: Indoors _____% Outdoors _____%

Authorization for Medical Treatment

I am the owner or agent of the above-described animal and have the authority to execute this document.

I hereby authorize the attending veterinarian to administer medical treatment as is considered therapeutic and/or diagnostically appropriate based on the findings during the course of evaluation.

I consent to the administration of medications that are deemed appropriate by the attending veterinarian. I am responsible for all charges incurred during my pet's treatment and it is understood that payment is due at time of service.

Signature: _____ Print Name: _____

Date: _____