



Patient Drop Off Release

Owner first and last name:

Owner address:

Owner's phone #

Pet's name:

Respiratory or fever illnesses in the household? Yes No

Primary reason for visit:

Appetite: Normal Increased Decreased

Water Intake: Normal Increased Decreased

Diet:

Vomiting: Yes No How Often?

Keeping water down? Yes No

Describe possible exposure to toxins, eating non-food items, or new diets?

Diarrhea/soft stools/straining? Yes No

Please describe consistency and frequency:

Urine: Normal frequency: More frequently: Less frequently:

Urine volume: Normal: Larger: Smaller:

Accidents: In bed: Other locations:

Scratching, chewing, licking, head shaking: Yes No

Where and how often?

List any medications your pet takes and the last time it was given:

List any past reactions to vaccines or medications:

Fleas or ticks noted on pet? Yes No

Commonly goes camping, hiking or hunting? Yes No

Are there deer, lakes or streams in the pet's environment or walking paths: Yes No

Has your pet bitten anyone in the last 4 weeks? Yes No

Any changes in mobility or activity levels?

Any other diseases or past reactions?

Additional comments:



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Overnight Care: Should overnight care be necessary; I realize that there are no attending personnel on premises overnight. I have been made aware of this and decline referral to an overnight emergency facility. If I neglect to pick up my pet within 5 days of written notification, confirming my pet is ready for release, Cherokee Animal Hospital may assume that the pet is abandoned and then becomes the property of Cherokee Animal Hospital. Abandonment does not release me of obligation of the entirety of debt incurred during my pet's stay.

Owner Initials:

Communication: We must be able to reach owners quickly to update patient status and get permission for treatments to be performed in a timely manner. Please provide the best contact name and number for today:

Text is acceptable: Yes No

Financial Agreement: I understand conditions may change quickly and require adjustments to treatments and medications. I understand that any estimate given is an approximation and is not a guarantee of final cost associated with this procedure. I realize that results cannot be guaranteed and that my financial obligation remains regardless of the outcome. I realize I am responsible for full payment for all procedures and treatments performed for my pet at the time of discharge, without exception. There are no payment plan options.

Owner Initials:

Owner Consent: I certify that I am the owner or legal authorized agent of the above mentioned pet and I hereby authorize this hospital to perform the above medical procedures required for the diagnoses and treatment of my pet, and any procedures as deemed necessary in an emergency by the attending veterinarian for the health, safety, and well-being of my pet.

Signature:

Date:

Bring with you or email to:
info@CherokeeAnimalHospital.com

