



DEERFIELD • ANIMAL • HOSPITAL

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PATIENT DROP-OFF INFORMATION FORM

JH AF NN KC JC MJ TO JB CM SF TCH

DATE: _____

Pet's Name: _____ Owner's Name: _____ File#: _____

Home: _____ Age: _____ Species: _____

Reason for drop-off:

Microchip for identification: (New city ordinance) Yes or No

Refill Heartworm and Flea Prevention? : Yes or No? _____

___ Bath ___ Nail Trim ___ Express Anal Glands

___ Office exam: Please describe primary problem: _____

Initial one:

___ If further diagnostic procedures beyond the initial exam are deemed necessary to help determine a more accurate diagnosis and treatment, I authorize Deerfield Animal Hospital doctors to perform those procedures as needed.

OR

___ Call me first before proceeding with any further diagnostics after the initial exam, realizing if I am not available by phone, this may delay the diagnosis and treatment of my pet.

Occasionally it is necessary to sedate an animal in order to perform a proper exam and/or collect laboratory specimens. Do we have your permission to sedate your pet if necessary? Yes or No Initials _____

***IF TSVS post op:** Do we have your permission to sedate your pet if necessary? Yes or No Initials _____

How is patient doing at home? _____

Select one (X):

___ Call me when my pet is ready.

___ I will pick up at: _____ (time)

Best contact number today: _____

OWNER/AGENT SIGNATURE: _____ **DATE:** _____