



PET EMERGENCY & SPECIALTY CENTER OF MARIN

Patient Drop Off Info

Client Name _____ Patient Name _____

Date _____

Last food consumption ? _____ Last water intake? _____

Any vomiting? _____ If so, how frequently? _____

Eliminations (Bowel Movements / Urine) _____

How is your pet's overall attitude? _____

Any medications given today? Name: _____

How much? _____ When? _____

Do you need any prescriptions filled today? _____

Where can we reach you today? Home / Work _____ / _____

(Please list all numbers for the day) Cell / Pager _____ / _____

Credit Card _____ exp _____ v-code _____

As the owner or responsible agent for the above patient, I authorize the veterinarian and staff to administer sedation or anesthesia and perform medical or surgical procedures as judged necessary on the basis of findings during the course of evaluation.

The risks and nature of the procedure (s) have been clearly explained to me and no warranty nor guarantee has been made to the result or cure. I consent to release of medical information on the above patient to other veterinary hospitals.

This signature authorizes use of my credit card for the specified charges at Pet Emergency & Specialty Center.

Signature

Date