

TUSCAWILLA ANIMAL HOSPITAL

DROP OFF FORM

Date of drop off: _____

Client name: _____

Pet name: _____

Phone number were a doctor or technician can reach you:

Reason for drop off:

Yes, I authorize x-rays and/or blood work at discretion of doctor _____

No, I would like a call before any diagnostic tests are run _____

I AUTHORIZE TUSCAWILLA ANIMAL HOSPITAL TO TREAT MY ANIMAL

OWNERS SIGNATURE