



**WELL PET DROP-OFF**

Pet Name: \_\_\_\_\_ Owner Name: \_\_\_\_\_  
Species: \_\_\_\_\_ Address: \_\_\_\_\_  
Breed: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Color: \_\_\_\_\_ Home: \_\_\_\_\_  
Birthday: \_\_\_\_\_ age: \_\_\_\_\_ Cell: \_\_\_\_\_  
Sex: \_\_\_\_\_

**Do you have a doctor preference for <animal> for the services performed today?**      **Jordan**      **Kaplan-Stein**      **Any**

**To Better Assist Us In Treating Your Animal, Please Answer The Following Questions. Thank You!**

Reason for visit:      Routine Yearly/Vaccinations      Bath/Groom      Other: \_\_\_\_\_

Please list any additional treatments/services you wish your pet to receive today:

Please list any current health issues we are treating your pet for:

Have there been any changes in condition?

Please list any medications your pet is currently taking:

Has your pet developed any new problems or issues since your last visit?

Please list your pet's current diet:

**For small mammals: Is your pet a BOTTLE or a BOWL drinker?**

**Is your pet currently on Heartworm Preventative?**      Yes      No      **Last date preventative given:**      /      /

**Has your pet missed any heartworm preventative doses?**      Yes      No      **Flea Preventative?**      Yes      No

***All pets admitted will be administered any vaccinations that are due, unless medically contraindicated. All pets admitted will also be treated for any external or intestinal parasites found at owner expense.***

I understand that if my pet is found to have a medical condition requiring further treatment, the staff of Animal Medical Center of the Village will make every effort to contact me with recommendations and estimates.

**If we cannot reach you, do you wish for us to proceed with these treatments?**      Yes      No

I am aware that AMCV is committed to the safe treatment and return of my pet, and that if necessary, emergency or life-saving measures will be taken even if I cannot be reached.

Phone number(s) where you can be reached today:

Would you like to receive text updates?      **YES**      **NO**

I, the undersigned, certify that I am the owner or duly authorized agent for the owner of <animal>, described above, and accept full financial responsibility. I authorize Dan Jordan, DVM, and agents of Animal Medical Center of the Village to perform the services listed above, and understand that support staff will be utilized at the doctor's discretion. I accept that full payment for services and products is expected at the time my pet is discharged.

**Signature of Owner or Agent**

**Date**      /      /

Print Name

Witness to above Signature

Date      /      /