

Animal Oncology Consultation Service DROP OFF RELEASE

I, the owner, am leaving my pet at ACCESS under the care of Animal Oncology Consultation Service. I assume full financial responsibilities for all charges incurred.

*****PICK UP TIME:** _____***

- Please contact me prior to treatment for my pet today.
- I do not need to be contacted prior to treatment for my pet today.

Best Number for Contact: () _____

Alternate Phone Number: () _____

Pet's Name: _____

Owner's Name: _____

Signature: _____ Date: _____

Update for Doctor: Vomiting Diarrhea Lethargy Weight Loss
Normal Appetite: yes / no Medications Given Today: yes / no

Additional Comments: _____

New Clients: Please fill out information below:

Address: _____
 Number Street City Zip

Referred By: _____

Please Circle: Canine / Feline Sex: M / F Spayed / Neutered

Breed: _____ Color: _____ Birth Date: _____

Do you have copies of your pet's recent medical records, X-ray's, & blood tests?
Yes / No