



LIMEHOUSE
VETERINARY CLINIC OF HOLISTIC MEDICINE

DROP-OFF FORM

Client name	Pet name	Folder #	Date
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Best contact number to reach you today: _____

Secondary contact number: _____

Please briefly explain why your pet is here today:

List current medications/ supplements that your pet is taking & time last given:

Pet's diet: _____ Last fed: _____

Any recent diet changes? _____

Is there another hospital we should contact for recent medical records? If yes, please list name and phone number: _____



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Please circle any specific services you would like performed while your pet is here with us today*:

- | | | |
|-------------|-----------------------|--------------------------------|
| Nail trim | Anal gland expression | Ear cleaning |
| Blood work | Fecal (stool) test | Urinalysis/ Urine testing |
| Acupuncture | Laser treatment | Annual vaccine updates/ titers |

*These will only be performed after a veterinarian has examined your pet and decided that these are appropriate treatments/ tests for your pet

Authorization: (Choose one)

_____ I authorize any & all necessary services/ fees (including the initial visit/physical exam charge) pertaining to my pet's presenting complaint today

_____ I understand that there is a fee of \$70.00 (\$103 for a new client) for an office visit/ physical exam (for existing patients), but I would like an estimate of any additional fees/services before they are performed today.

I verify that I am the owner (or authorized agent for the owners) of the above named pet and authorize the above services to be performed as indicated. I agree to be responsible for any charges incurred while my pet is in the care of this facility and understand payment is due at the time my pet is released from the clinic.

Signature of Owner or Agent: _____ Date: _____

Signature of Witness: _____ Date: _____