

Pet Care Associates
5250 Hog Mountain Road
Flowery Branch, GA 30542

Drop Off / Hospitalization Form

Client Name: _____ Date: _____

Pet Name: _____ Telephone: (____) _____ or (____) _____

Preferred doctor: _____ Pick Up time requested: _____

Current Vaccinations are required for Treatments (drop-offs or hospitalization). If vaccinations are unable to be verified, your pet will receive all required vaccines at your expense.

Primary Complaints: _____ Coughing _____ Sneezing _____ Vomiting _____ Diarrhea
_____ Lethargic _____ Not Eating _____ Not Drinking _____ Excessive thirst _____ Urinating issues

List any problems your pet has had. Including description of severity and duration:

It is necessary for surgical patients, some treatment patients, and very aggressive patients to receive a sedative or anesthetic. Pet Care Associates _____ (does) **OR** _____ (does not) have permission to give my pet a sedative or anesthetic agent. Aggressive unmanageable patients will incur additional handling charges.

As with any sedative or anesthetic administration risks are involved, even death. It is recommended for your pet's safety that all patients have blood values evaluated prior to sedation or anesthesia. Pet Care Associates (does) _____ **OR** (does not) _____ have permission to run this bloodwork.

Pet Care promotes a flea/tick-free environment. If fleas or ticks are noted on the initial exam of patients admitted to the hospital, products will be used to eliminate these parasites. Also if the patient is staying in our facility and is not on a heartworm preventative, Pet Care Associates reserves the right to check for and/or treat for intestinal parasites. These treatments will be at the Client's expense.

I am the owner of the above listed animal and I assume all financial responsibility for all charges incurred in the care of this animal(s). I do hereby agree to all the above terms and understand fully, the requirements listed above. I understand that payment is due at the time services are rendered.

OWNER SIGNATURE _____

Emergency Contact Number _____