

Jackson Animal Clinic & North Madison Animal Clinic
Drop Off Form

Client: <first-name> <last-name>

Pet Name <animal> Admitted By _____

Acct# <number> Admission Date <std-date>

Vaccination Status: Current () Due () Vet Requested _____

Contact Name and Number _____

Please give a brief summary for the reason that you are dropping your pet
off with us today :

If the doctor feels that treatment is necessary: (Please Check One)

___ I authorize treatment and approve charges up to \$ _____

___ Call me with an estimate before any treatment is done to my pet, but if I
cannot be reached, I authorize treatment as deemed appropriate by the
veterinarian.

___ Call me with an estimate before any treatment is done to my pet, I
understand that if I cannot be reached my pet will receive NO treatment
other than a physical exam.

Please initial one of the following:

___ If sedation is required for treatment I authorize the veterinarian to do so

___ If sedation is required for treatment I would like to be notified first

Signature _____ Date <std-date>