Drop Off Form

Client Name: ______________________

Pet name: ______________________

Account #: ______________________

Drop off instructions:
- If any extensive dirt or external parasite problem is found on my pet, I understand that the patient will be cleaned and/or deflead at my cost.
- If your pet needs to be brushed out, there is an additional fee.
- I authorize the veterinarians of East Paulding Animal Hospital and their staff to examine In House, if needed, and contact me as to what the problem is, and the cost of the treatment.
- I authorize East Paulding Animal Hospital to perform medical procedures if needed.

Owner/Authorized Representative:
Emergency Phone Number: