

**Cheat Lake Animal Hospital Drop-Off Exam Form**

**Client Name (Last, First):** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**Daytime phone # where you may be reached today:** \_\_\_\_\_

By signing this form, you authorize the doctor to treat your pet as necessary should he/she be unable to contact you at the number(s) provided.

In the space provided please briefly describe the reason for your pets visit:

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After your pet is examined the doctor or technician will call and discuss any further diagnostics or treatment.

**Special Notes:**

\*\*\*If parasites (fleas, ear mites, intestinal parasites, etc.) are found on your pet while visiting our facility, we will treat the pet with necessary treatment at the owner's expense for the protection of your pet and that of others in the hospital.

\*\*\*All pets over six months of age are required to be vaccinated for rabies according to state law if its health condition allows. If your pet has not had a rabies vaccine prior to his/her visit, or if proper documentation cannot be provided, the pet must be vaccinated for rabies while here at the owner's expense.

By signing below you are giving consent to the veterinarians of the Cheat Lake Animal Hospital to examine and treat any emergency conditions and acknowledge that you understand the special notes explained above.

**THERE WILL BE A DROP OFF FEE FOR YOUR PET'S STAY WITH US TODAY.**

I have read and understand the above information and will pick my pet up at: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_