

CANINE DROP-OFF RELEASE FORM

<date>

<company>

<co-phone>

Malcolm L. Blessing, DVM

Erin L. Pedersen, DVM

Justina R. Pahl, DVM

<animal-pic>

Owner: <first-name> <last-name>

Case No: <number>

Street: <address>

City: <city>

Phone: (<area>)<phone>

Patient: <animal> Patient # <animal-
folder>

Breed: <breed>

Sex: <sex-name> Age: <age>

Weight: <weight> Color: <color>

Because you are dropping your pet off for treatment and will not be available to answer questions that may arise regarding your pet's health, please fill out this release to help us provide the best care for your pet.

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above, and that I do hereby give Dr. Blessing, Dr. Pedersen, Dr. Pahl, Dr. Knopp, their agents, staff, and/or representatives full and complete authority to perform the treatments (at additional cost) in conjunction with **Grooming** / **Boarding** described as:

**Comprehensive Exam
and vaccination**

- Yes** (we do a thorough nose to tail examination and do not charge for the individual vaccinations)
 No (Please sign Vaccination Refusal if your pet is not current on vaccinations)

Fecal Flotation (a stool sample must be examined under the microscope to determine the presence of intestinal parasites that can be transmitted to people. Infants, the elderly and those with a compromised immune system are at greater risk for infection with these parasites).

- Accept** **Decline**

Heartworm Test & Prevention (although not a major problem in the Big Horn Basin, local veterinarians have been seeing an increase in positive heartworm cases. Testing and monthly preventative is much less expensive than the treatment for heartworm) **Accept** **Decline**

Rattlesnake Vaccination **Yearly Booster** **Booster #1** **Booster #2**

Urinalysis **X-ray** **CBC/Chemistry Profile** **Thyroid Blood work**

- Veterinarian Check: Issues:** _____
 Treat any additional health issues found.
 Contact me before performing any additional tests or treatments.

and I do hereby and forever release the said doctor(s) their agents, staff, or representatives from any and all liability arising from said treatments on said animal. I further agree that in the event of non-payment of any amounts due to this agreement, I will pay all reasonable attorney fees and court costs that may be incurred. I agree that in the event this agreement is assigned to an agency for collection I promise to pay an additional collection fee of 35% of the unpaid balance due.

Signed _____
<first-name> <last-name>

<spouse>

Phone Number where I can be reached today _____

The factors below will help your veterinarian determine which vaccination protocol and dietary recommendations best suits the comprehensive health needs of your cat.

- | Geography: | YES | NO |
|---|------------|-----------|
| 1. Do you live somewhere other than Cody part of the year where rabies vaccination is required yearly or every 2 years? | [] | [] |
| 2. Does your dog go outside at any time, where it could come in contact with other cats, dogs, or wildlife? | [] | [] |

- | Lifestyle: | YES | NO |
|--|------------|-----------|
| 1. Does your dog live in a multi-dog household? | [] | [] |
| 2. Do you have other pets? (cats, ferrets, birds, reptiles, pocket pets, fish) | [] | [] |
| 3. Do you board your dog at any time? | [] | [] |
| 4. Do you travel out of state with your dog? | [] | [] |
| 5. Do you take your dog hiking or camping? | [] | [] |
| 6. Is your dog on heartworm prevention? | [] | [] |
| 7. Has your dog ever been tested for heartworm disease? | [] | [] |
| 8. What food(s) is your dog currently eating? | _____ | |
| 9. How much food do you feed your dog per day? | _____ | |
| 10. Is your dog urinating more frequently or producing more urine volume? | [] | [] |
| 11. Does your dog have normal bowel movements? | [] | [] |
| 12. Does your dog have 'accidents' in the house? | [] | [] |