

# ALOHA DOG & CAT HOSPITAL PC

# DROP OFF RELEASE

17335 SW Tualatin Valley Highway, Aloha, Oregon 97006  
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PLEASE PRINT

Owner Name \_\_\_\_\_ Pet Name \_\_\_\_\_

Reason for today's drop off: \_\_\_\_\_  
\_\_\_\_\_

Other concerns today: \_\_\_\_\_

Has appetite and water consumption been normal? \_\_\_\_\_

If no, please explain \_\_\_\_\_

What food does your pet eat? \_\_\_\_\_ Time of last meal? \_\_\_\_\_

Have you noticed diarrhea? \_\_\_\_\_ how often? \_\_\_\_\_ since when? \_\_\_\_\_

Has your pet been vomiting? \_\_\_\_\_ how often? \_\_\_\_\_ since when? \_\_\_\_\_

Have you noticed weight loss or weight gain with your pet? \_\_\_\_\_ since when? \_\_\_\_\_

Is your pet currently on any medications? \_\_\_\_\_

If yes, please give name and time last administered: \_\_\_\_\_

**If you have a maximum you would like to spend today, please let us know so our doctors can help you prioritize your pets care \_\_\_\_\_**

**A veterinarian will perform a thorough physical exam as soon as the schedule allows. For the benefit of your pet's health, it is important to start treatment as soon as possible. Please initial which recommended diagnostics or treatments you authorize the veterinarian to perform.**

- |                                       |  |
|---------------------------------------|--|
| _____ Blood Work (\$75.00 - \$300.00) | _____ Fluid Therapy (\$40.00 - \$150.00) |
| _____ Radiographs (\$225.00-\$356.00) | _____ Urinalysis (\$70.00)               |
| _____ Sedation (\$51.50 - \$150.00)   | _____ Pain Medication (\$40.00-\$86.00)  |

**If you would like to be called prior to ANY treatments or diagnostics being performed, please initial here \_\_\_\_\_**

Phone number where you can be reached today \_\_\_\_\_

**OR** \_\_\_\_\_

**Flea Treatment Policy:** All animals found to have an existing flea population will be treated with an appropriate flea product. \*\*\*\* For all patients dropped off, there will be a fee for hospitalization. All fees are due upon discharge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner or Authorized agent