

ANIMAL CARE CLINIC  
131 CHURCH ST  
CONCORD, NC 28025  
(704) 786-6669

**Drop-Off Consent Form**

Date\_\_\_\_\_

Client ID: \_\_\_\_\_  
Client Name \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

Patient ID: \_\_\_\_\_  
Name: \_\_\_\_\_  
Species: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Color: \_\_\_\_\_  
Birth Date: \_\_\_\_\_

**REQUIRED VACCINATION RECORD DUE DATES**

Rabies \_\_\_\_\_  
Dap-4l/FVRCP \_\_\_\_\_  
Bordetella \_\_\_\_\_

Note: All vaccination records will be verified on intake. Please bring proof of current vaccinations if not given by Animal Care Clinic.

Rabies, Dap4l/FVRCP and Bordetella must be current for admittance to the hospital/kennel. If these vaccines are not current they will be performed upon intake at the doctor's discretion.

**CHECK SYMPTOMS NOTED:**

APPETITE CHANGE	[ ]	BEHAVIORAL CHANGE	[ ]
EATING MORE/LESS	[ ]	LOSS OF BALANCE	[ ]
DRINKING MORE/LESS	[ ]	LIMPING	[ ]
URINATION INCREASE/DECREASE	[ ]	SHAKING HEAD	[ ]
CONSTIPATION	[ ]	EYE PROBLEMS	[ ]
DIARRHEA	[ ]	DEPRESSION	[ ]
DENTAL CONCERNS	[ ]	BREATHING PROBLEMS	[ ]
GAGGING	[ ]	COUGHING	[ ]
VOMITING	[ ]	SNEEZING	[ ]
WEAKNESS	[ ]	SKIN PROBLEMS	[ ]
SCOOTONG	[ ]	SCRATCHING	[ ]

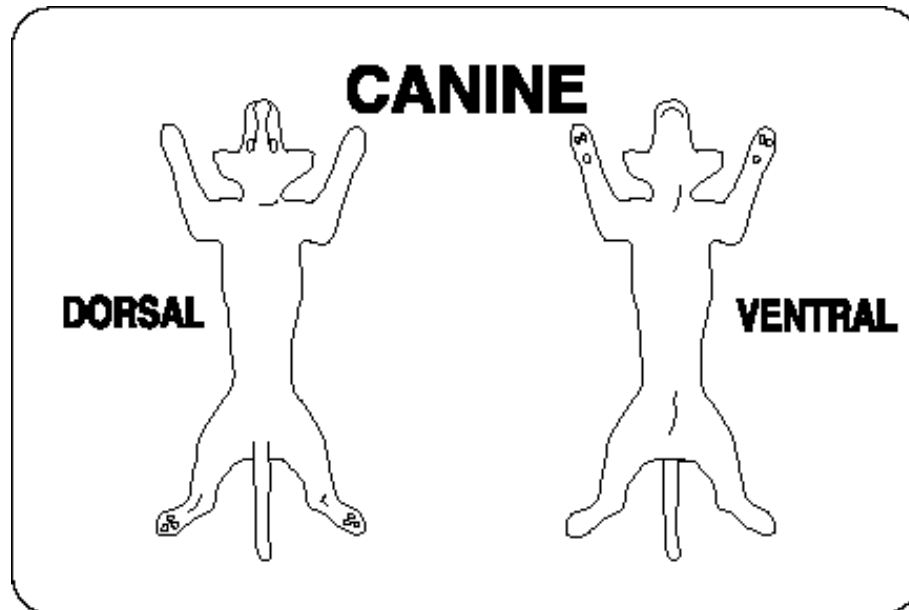
Additional comments regarding above symptoms \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

At what time was your pet's last meal? \_\_\_\_\_

What medications did you give your pet in the last 24 hours? Include prescriptions, supplements, vitamins and over the counter products \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your pet eat table food? YES [ ] NO [ ]  
If "YES" what kind, how much and when? \_\_\_\_\_

MARK LOCATION OF ISSUES ON THIS DIAGRAM:



Is your pet on flea prevention? YES [ ] NO [ ]  
If "YES" then what brand and when was the last dose given? \_\_\_\_\_

Is your pet on heartworm prevention? YES [ ] NO [ ]  
If "YES" then what brand and when was the last dose given? \_\_\_\_\_

#### MEDICAL RELEASE

I AUTHORIZE ANIMAL CARE CLINIC TO:

- PROCEED AS GOOD MEDICINE DICTATES
- PROCEED AS GOOD MEDICINE DICTATES UP TO \$ \_\_\_\_\_
- DO NOT PROCEED WITHOUT CONTACTING ME FIRST. I understand this may cause a delay in treatment in the event I cannot be reached immediately.

I agree to make complete payment to Animal Care Clinic at the time of discharge. I understand that if I fail to pick up my pet within ten (10) days of notification at the above address, my pet will be considered to be abandoned and will be handled in accordance with North Carolina state law, and that doing so does not relieve me of my financial obligations.

OTHER PROCEDURES YOU MAY CHOOSE AT THIS TIME:

Nail Trim	\$14.00	YES [ ]	NO [ ]
Anal Gland Expression	\$19.00	YES [ ]	NO [ ]
Microchip	\$40.00	YES [ ]	NO [ ]

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

