

LAKESIDE ANIMAL HOSPITAL

"Our Family Celebrates the Human-Animal Bond"

Drop Off/Treatment Authorization Form

Client Name: _____

Pet Name : _____

Date: _____

Telephone : (____) _____ (____) _____

Doctor: _____

All vaccinations are required for surgery, grooming, and boarding. If vaccinations have not been given by Lakeside Animal Hospital, please list the last place your pet was vaccinated at _____

If vaccinations are unable to be verified your pet will receive all required vaccinations.

My pet is here for:

Boarding Pick up date _____ after 2:pm

Surgery Type _____ Was food withheld today Yes No

Grooming # to be reached at _____

Annual Visit Prevention Needed Heartworm Flea/Tick Medication
Refill _____

Treatment List Problem: _____

Symptoms Coughing Sneezing Vomiting Diarrhea Lethargic

Not Eating Not Drinking Excessive Drinking Abnormal Urination

Duration: _____

It is necessary for all surgical patients to be placed under anesthesia. Some pets may require a sedative and /or anesthesia in order for the pet to be examined or treated medically. Lakeside Animal Hospital _____ does _____ does not have permission to give my pet a sedative or anesthesia if necessary.

Any type of sedation or anesthesia involves some amount of risk and this risk may include death. In order to minimize this risk, it is recommended that all patients have blood values evaluated prior to any sedative or anesthetic. Lakeside Animal Hospital _____ does _____ does not have permission to run this bloodwork.

If fleas are found upon admission into the hospital boarding facility, your pet will receive a CASTAR tablet and a \$5.00 charge will be added to your bill. If ticks are found a de-ticking will be performed at a cost of \$25.00 per half an hour. I am over eighteen years of age and have the authority to execute consent to all of the acknowledgements stated previously.

Owner/Authorized Representative _____

Emergency Phone Number _____