Powers Ferry Animal Hospital
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Date:03-08-2024

Daily Drop-Off Form

Date:	Patient Name:
Owner:	Breed:
Spouse:	Sex:
Street:	Age:
City:	Color:
Zipcode:	Cell:
Phone:	

At Powers Ferry Animal Hospital, our policy is to provide service and value to our clients. "Drop-off" examinations are provided as a convenience for those clients whose schedules will not accommodate a standard office exam. In order for us to provide adequate care for , it is very important that the doctor be able to reach you during the day, especially if there are questions concerning further treatment or diagnostics that may need to be done with . By providing the number(s) below, you are ensuring that you can be reached to allow the best possible care for your pet.

Primary Contact: _____   Phone#: _____

Secondary Contact: _____   Phone#:_____

Will someone else be picking your pet(s) up? If so, please specify:_____

Do you give PFAH permission to share photos of your pet on social media?   ☐Yes   ☐No

Was given food or water today?   Yes☐   No☐

Is currently on any medications?   Yes☐   No☐

If yes, please specify: _____

Occasionally, animals that are dropped-off require sedation for certain procedures or care (for example, cleaning of wounds or x-rays). The doctors will make every attempt to reach you at the number(s) you provide. However, in the event that the doctor is not able to reach you, do you provide permission to sedate , if it is needed to provide further treatment or care.

☐YES, I give permission to sedate if I am not able to be reached

☐NO, do not sedate until I can be reached. I understand that if I am not able to be reached at the number(s) provided, treatment for may be delayed.

Signature: _____

For Diabetic Patients Being Dropped Off for Glucose Curves

Have you given insulin today?   Yes _____   No _____

If yes, what type and dose was given, and at what time?   Type _____   Dose _____   Time Given_____

Was fed today?   Yes _____   No _____   **Is "free-fed"?** Yes _____   No _____

FOR OFFICE USE ONLY: Has form been scanned/attached to clinical record?   Y   or   N   Intials: _____