

**TUSCAWILLA ANIMAL HOSPITAL**

**DROP OFF FORM**

**Date:** \_\_\_\_\_ **Dr:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_

Phone number(s) where a Doctor or Technician can reach you:

\_\_\_\_\_

I would like to be contacted via text for updates at \_\_\_\_\_

Reason for Drop Off:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes, I authorize x-rays, ultrasound, diagnostic tests, and/or laboratory tests at the discretion of the Doctor \_\_\_\_\_

No, I would like a call before any diagnostic tests are run \_\_\_\_\_

**I AUTHORIZE TUSCAWILLA ANIMAL HOSPITAL TO TREAT MY ANIMAL AND UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR THE COST OF SAID TREATMENT.**

**WE REQUIRE A 50% DEPOSIT FOR CRITICAL / COMPLICATED MEDICAL OR SURGICAL CASES.**

X \_\_\_\_\_

**OWNER/RESPONSIBLE PARTY'S SIGNATURE**