

ALAMEDA PET HOSPITAL
2275 Buena Vista Ave.
Alameda, Ca 94501

DROP-OFF INFORMATION FORM

Owner information:

Last name _____ First name _____ Date _____
Phone number where we MUST reach you today _____

Pet information:

Pet's name _____ Vaccinations current? _____
What are your pet's symptoms?

How long has your pet had these symptoms? _____
Does your pet have a history of any illnesses (ex. Kidney disease,
hyperthyroidism, diabetes)? _____
Any medications being given to your pet? _____
When was the last dose? _____

What are you authorizing the doctors and staff to do for your pet?

Please circle: blood panel urine test xrays medications

Exam only, then call _____

Exam and begin diagnostic evaluation, not to exceed cost of \$ _____

I hereby consent to leaving my pet in the care of Alameda Pet Hospital. I understand that all attempts will be made to contact me in the case of an emergency and that I will be responsible for any and all charges which accrue in the care of my pet.

Signature _____ Date _____