

DROP-OFF FORM

TODAY'S DATE: _____

OWNER'S NAME: _____ PET: _____

PLEASE READ & SIGN:

I certify that I am the owner or responsible party for this pet. I hereby grant permission to the Animal Clinic of Kalispell to act in my pet's best interest, by obtaining veterinary care at my expense. I further agree to pay for all necessary service incurred for my pet's drop-off/appointment at this facility.

Do you want us to contact you, before performing tests? Yes__ No__

SIGNATURE: _____

BEST PHONE NUMBER: _____

ESTIMATED PICK UP TIME: _____

PRESENTING PROBLEM / TO DO:

Thank you for dropping off with us. We will call you when your pet is ready to be picked up.

