

Jamul Veterinary Hospital

Check in Staff Initials: _____

13815 Campo Rd.

Jamul, CA 91935

Drop-off Exam Release Form

I, _____, am agreeing to drop off my pet, _____, at Jamul Veterinary Hospital for the purpose of examination. I understand that, at minimum, I will be held responsible for an exam fee of (\$70). _____(initial). **Please check the option below that best applies, with regards to diagnostic testing and/or treatment.**

() I wish to be contacted prior to any diagnostic testing or treatment. Please contact me at _____ or _____. Do **not** proceed with treatment or testing without my authorization. _____(initial).

() I consent to having diagnostic testing and/or treatment performed as deemed necessary by the doctors at Jamul Veterinary Hospital as long as it does not exceed \$_____ (please provide amount). Should the doctor's recommendations exceed this amount, please contact me first at _____ or _____. _____(initial)

Reason for today's exam: _____

How long has this issue been occurring? _____

Please circle the symptoms your pet has been displaying. Please write the duration and frequency for all that apply:

Vomiting

Sneezing

Diarrhea

Increase or Decrease in Thirst

Loss of appetite

Coughing

No Bowel Movement or Urination

Other (please explain) _____

Does your pet have any allergies? Y/N If yes, please list

Is your pet on any medications? Y/N If yes, please list

Name (Please print legibly) _____

Signature _____ Date: _____