

Singing Hills Animal Hospital
1951 Willow Glen Drive
El Cajon, CA 92019
619-441-5850

Technician Check-in Initials: _____

Drop-off Exam Release Form

I, _____, am agreeing to drop off my pet, _____, at Singing Hills Animal Hospital for the purpose of examination. There may be times when there is no personnel on premises. I understand that, at minimum, I will be held responsible for an exam fee of (\$47). _____(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 Singing Hills Animal 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 | Lethargic |
| No bowel movement or urination | Other (please explain) _____ |
| Coughing | |

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: _____