

Drop Off Release

In an effort to provide the best care we ask that you take a moment to complete the following form prior to leaving your pet.

I understand that if proof of a current rabies vaccine is not available, I authorize Briarcliff Animal Clinic to vaccinate my pet against Rabies.

*Briarcliff Animal Clinic will **not** examine or treat a pet that is not current on Rabies vaccination.* Please provide a brief history of reason your pet is here, including the symptoms and length of time problems have persisted.

By dropping off your pet you agree to a physical exam by a doctor for a fee of no more than \$53.20. There is also a day hospitalization/care charge of \$15.75. Please check below for permission for any additional treatment.

I authorize any treatment needed for the problems I have stated above

I wish to be called prior to any treatment over \$_____

Has your pet received any medications today, if so please list:

Meds_____ Dosage_____ Time meds given_____

Meds_____ Dosage_____ Time meds given_____

Meds_____ Dosage_____ Time meds given_____

Meds_____ Dosage_____ Time meds given_____

Meds_____ Dosage_____ Time meds given_____

I can be reached at (____)____ - _____ or at (____)____ - _____
(phone number required for drop-off)

SIGNATURE_____ **DATE**_____