

Southern Crossing Drop Off Form

Date:	
Owner's Name:	
Patient's Name:	
Phone Number:	
applied if picked up later than 5:15pm.}	:00pm. A \$35 late fee will be
Medical Problem: Please describe in detail any problems present :	
Duration of problem:	
How is your pet's appetite recently?	
Has your pet been drinking or urinating more?	
Do you authorize reasonable workup? YES [] NO []	
Do you authorize sedation if needed? YES []NO []	
-Annual Exam-Authorization:	
Canine Annual vaccinations*if needed {Vaccines, Heartworm/fecal test, physical exam	}? YES[] NO[]
Feline Annual vaccinations *if needed {Vaccines, Fecal test, physical exam}?	YES [] NO []
Feline Annual leukemia/FIV test *if needed?	YES[] NO[]
Annual blood work {CBC, Chemistry profile, total T4, & Urinalysis}? [Blood work is additional charge: Dogs: \$120 Cats: \$101]	YES[] NO[]
Would you like your pet to microchipped with a HomeAgain Microchip?	YES[] NO[]
Do you need to pick up heartworm or flea preventions?	
Do you need to pick up any medications/food today?	
-Bath Services- Are you dropping your pet off for a bath/nail trim: YES[] NO[]	

-Admission Policy-

All animals admitted to the hospital must be current on all required vaccinations and free of external parasites, i.e. fleas and ticks. I hereby give permission to the staff of GAH to update my pet's vaccinations if necessary and to treat any external parasitism noted. I understand that I will be financially responsible for these services. GAH is not staffed after hours. If your pet requires overnight care, you will be referred to Animal Emergency Center.

I understand that all fees are due at the time that services are rendered. In the event of default or failure to pay, I the undersigned, agree to pay all attorney fees and the collection cost of said debt.

0		
Owner/Agent Signature:		