

ANIMAL HOSPITAL OF MONTGOMERY
 18450 HIGHWAY 105 W
 MONTGOMERY, TX 77356-5246
 (936) 582-1555

Drop-Off Release Form

Client ID: _____	Patient ID: _____
Client Name: _____	Name: _____
Address: _____	Breed: _____
_____	Sex: _____
Telephone: _____	Color: _____
Emergency Contact: _____	Markings: _____
Best Contact # _____	Birth Date: _____
	Arrival Time: _____

Important Medical Information:

What problem(s) is/are your pet experiencing?	
When did the problem start?	
Is the problem the same, better, or worse?	
Has a similiar problem happened in the past?	
Are any medications being administered?	
Current diet and feeding schedule?	
Eating Changes?	
Has your pet been vaccinated recently?	
Any weight loss?	
Any increase or decrease in water consumption?	
Any change in bowel movements?	
Any exposure to toxins?	
Any other medical history?	
Does your pet have any known allergies?	

Additional Services Requested

If my pet is due for vaccines and is healthy, I would like to up date them:

Are there any other services you would like while your pet is here? _____

I give my permission to treat up to \$ _____

If at all possible I would like to pick up by: _____

Client Signature: _____

Date: 8/19/2016