



**BELMONT SHORE**  
 VETERINARY HOSPITAL  
 Rachel Sitler, DVM, Elyse Frank, DVM  
 Loren Eslinger, DVM, ABVP

**General Drop Off Form**

**Client Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**Telephone number where you can be reached today:** It is imperative that the doctor be able to reach you by phone on the day of your drop off appointment. After the doctor examines your pet they will call you to discuss their recommendations for your pet. No additional testing, treating, or diagnostics will be started before the doctor speaks with you.

(        ) \_\_\_\_\_ between the hours of \_\_\_\_\_

(        ) \_\_\_\_\_ between the hours of \_\_\_\_\_

**Presenting Complaint:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I am the owner/agent of the animal described above and I authorize and request that this pet be given a physical examination by the doctors of Belmont Shore Veterinary Hospital. I understand that a doctor will contact me after my pet has been examined to discuss recommended diagnostic tests and treatments. I accept full financial responsibility for all tests and treatments that I verbally authorize during my conversation with the doctor. I understand that payment is due in full when my pet is discharged.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_