

Faithful Companions Animal Clinic  
Patient Drop Off Form

Admission Policy:

All animals admitted to Faithful Companions Animal Clinic must be current on all required vaccinations and free of external parasites, i.e. fleas and ticks. I hereby give permission to the doctors and staff of Faithful Companions Animal Clinic 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. Faithful Companions Animal Clinic also reserves the right to assess an aggressive animal fee if your pet poses a safety risk to the staff. Furthermore, Faithful Companions Animal Clinic is not staffed after hours. If your pet requires overnight care, you will be referred to the 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 attorneys' fees and the collection cost of said debt.

Owners Name \_\_\_\_\_

Pets Name \_\_\_\_\_

Phone number where we can reach you today \_\_\_\_\_

What is your preferred method of payment today?

\_\_\_\_\_ credit card    \_\_\_\_\_ care credit    \_\_\_\_\_ cash  
\_\_\_\_\_ check (Driver License & Social Security # is required if paying by check)

**Please Initial All that apply:**

My pet is here for:

\_\_\_\_\_ Boarding: Pick up date is \_\_\_\_/\_\_\_\_/\_\_\_\_ apply frontline? \_\_\_\_\_

\_\_\_\_\_ Bath (type of bath (circle one): regular, flea, medicated)

\_\_\_\_\_ Grooming

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Surgery (type of surgery being performed: \_\_\_\_\_)

Would you like anything else done for your pet while it is under anesthesia?

If so, what? \_\_\_\_\_

My pet is due for the following vaccinations and/or tests:

Canine:

\_\_\_\_\_ UP TO DATE ON VACCINES

\_\_\_\_\_ Distemper/Parvo/Parinfluenza (DA2PP) 1 YR

\_\_\_\_\_ Distemper/Parvo/Parinfluenza (DA2PP) 3 YR **circle one**

\_\_\_\_\_ Rabies 1 YR

\_\_\_\_\_ Rabies 3 YR **circle one**

\_\_\_\_\_ Broward County 1 YR Sterile Tag

\_\_\_\_\_ Broward County 1 YR Intact Tag

\_\_\_\_\_ Bordatella/Canine Cough

\_\_\_\_\_ Fecal

\_\_\_\_\_ Heartworm/Ehrlichia/Lyme Test (HW3DX)

\_\_\_\_\_ Office Visit

\_\_\_\_\_ Annual Physical Exam

\_\_\_\_\_ Annual Wellness Bloodwork (heartworm test included)

Feline:

\_\_\_\_\_ Feline Viral Rhinotracheitis/Calicivirus/Panleukopenia (FVRCP) 1YR

\_\_\_\_\_ Feline Viral Rhinotracheitis/Calicivirus/Panleukopenia (FVRCP) 3YR **circle one**

\_\_\_\_\_ Feline Leukemia (FELV)

\_\_\_\_\_ Rabies 1 year

\_\_\_\_\_ Fecal Test

\_\_\_\_\_ FIV/FELV/HW test

Would you like your pet microchipped?    Circle one: Yes / No    or My pet has a microchip already

Would you like any other services while your pet is here today?

\_\_\_\_\_  
Items: food, shampoo, medication, heartworm prevention, flea and tick prevention

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_