

**White Knoll Veterinary Hospital**  
**DROP OFF**



**Name:** \_\_\_\_\_ **Pet's Name:** \_\_\_\_\_

**Contact #:** \_\_\_\_\_ **Additional Contact #:** \_\_\_\_\_

Reason for today's visit: \_\_\_\_\_  
\_\_\_\_\_

Is your pet currently taking any medications? If so, please list medication and current dosage: \_\_\_\_\_

***PLEASE INITIAL ONE:***

\_\_\_\_\_ Please call if my pet's treatment plan is over \$\_\_\_\_\_.

\_\_\_\_\_ I give permission to White Knoll Veterinary Hospital to do any necessary procedures beyond what I have signed for at drop off, NO NEED TO CALL PRIOR TO COMPLETING.

\_\_\_\_\_ PLEASE CALL before doing any further treatment beyond what I have signed for at drop off.

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

**Thank you for trusting us with your pet's care!**