



912 W. Williams St.
Apex, NC 27502
(919) 267-9315

Drop Off Authorization for Care

Pet's Name: _____ Date: _____

Procedure (s): _____

Phone number(s) where you can be reached today: _____

Date & Time Last Ate: _____

Personal items left with pet today: _____

Who will pick up your pet at the end of the day today? _____

- During the physical examination, we may discover necessary treatment(s) your pet would benefit from...
Please check any of the following additional services you would like us to perform today...
We offer Micro-chipping: This is a form of permanent identification...
[DOG OWNERS ONLY]: I authorize All 4 Paws Animal Hospital to walk my pet outdoors on a leash

In order to prevent the spread of infectious disease, I authorize All 4 Paws Animal Hospital to administer a Rabies vaccine, and/or flea or tick medication to my pet, at my expense, if deemed necessary.

I, the undersigned, am the owner or authorized agent of the owner of the pet named above, and have the authority to consent to medical procedures. I authorize All 4 Paws Animal Hospital to obtain all medical records regarding my pet from any/all other hospitals where my pet has been treated or examined and to release all medical records regarding my pet to any other hospital.

Signature

Printed Name