

Yorktown Animal Hospital

DROP OFF FORM FOR TREATMENT

DATE_____

CLIENT NAME:		
PET NAME:		
SPECIES:	_	
REASON FOR VISIT:		
Please allow a few minutes to	speak with an assistant	regarding your pet.
1) EXAM - All animals require fee will be charged for this s		n by a veterinarian. A standard exam
every effort to contact you p	e ,	or treatment is indicated, we will make ent we cannot contact you at the listed ring:
() Withhold all treatn	nents until I or acknowledge	ed representative can be reached
() I consent to further marked below:	r treatment of animal listed a	above, within the monetary limits
() up to \$250	() up to \$ () no	limit
occurrence, I accept all risk		recautions will be used against an ation of my animals and will not hold r injury or escape.
Please Print Name	Signature	Date
Contact Phone Numbers #1	#2	