

LAKE HAMILTON & HOT SPRINGS ANIMAL HOSPITAL

DROP OFF FORM

Name _____

Pet's Name _____

Today's Contact Phone _____

By signing below, I am giving permission to have necessary tests done if my pet is being dropped off for illness or injury. I understand that if my pet has internal or external parasites, they must be treated to protect my pet as well as others in the hospital. Your pet will be given a flea and/or tick preventative that lasts 30 days and ranges in cost from \$20 - \$30.

Date: _____

Signature: _____