

Owner Information

Full Name *

First

Last

Phone Number *

(201) 555-0123

(primary contact during visit)

Secondary Phone Number

(201) 555-0123

(optional)

Email Address *

Pet Information

Pet's Name *

Species *

☐ Dog

☐ Cat

Breed *

Age / Date of Birth *

Color / Markings *

Reason for Visit

What is the main concern or reason for today's drop-off?

How long has this issue been present?

Any additional symptoms or behavioral changes?

Medical History

Current medications or supplements

Known allergies or previous adverse reactions

Pre-existing medical conditions

Feeding & Care Instructions

Has your pet eaten today?

☐ Yes

☐ No

When was the last meal given?

Any special care instructions during their stay?

Estimated Treatment Costs

I acknowledge that I have received an estimate for today's visit and understand that costs may vary depending on findings and treatment needs. *

☐ I agree.

Maximum amount authorized for treatment without additional approval: \$_____

Emergency Directive (CPR/DNR)

In case of cardiac or respiratory arrest, do you request resuscitation efforts (CPR)?

☐ Yes

☐ No

(Additional charges may apply for CPR attempts.)

Owner Consent & Signature

I, the undersigned, authorize Shoreline Veterinary Hospital to examine, treat, and care for my pet as outlined above.

Signature