

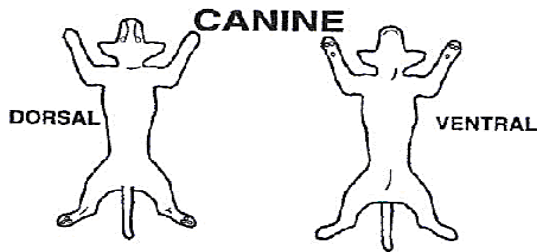


# Coronado Veterinary Hospital - Drop off Appointment Form

Patient First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

1. Why are we seeing your pet today?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



2. When did you first notice these symptoms?

\_\_\_\_\_  
\_\_\_\_\_

### Diabetic Patients Only

What time did you last give an insulin dose? \_\_\_\_\_ How much insulin was given? \_\_\_\_\_

By signing below you give Coronado Veterinary Hospital your permission to proceed with any diagnostic testing and/or procedures, including sedation, recommended by the Veterinarian.

max \$ limit: \_\_\_\_\_ (you will be called if the estimated bill exceeds this amount)

Owner/Guardian Signature x \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number (s) \_\_\_\_\_

**\*\*\*\*You must be available AT ALL TIMES TODAY to discuss your pet's care\*\*\*\***

\*\*\*All professional fees due upon time services rendered\*\*\*

\*\*You will be notified when your pet is ready for pick-up\*\*