



Animal Hospital of Montgomery  
18450 Hwy 105 West  
Montgomery, Texas 77356

## Drop-Off Release Form

Client Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
  
Telephone: \_\_\_\_\_  
Emergency \_\_\_\_\_  
Contact: \_\_\_\_\_  
Best Contact # \_\_\_\_\_

Name: \_\_\_\_\_  
Species: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Color: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Age: \_\_\_\_\_

### Important Medical Information:

What problem(s) is/are your pet experiencing?	
When did the problem start?	
Is the problem the same, better, or worse?	
Has a similar problem happened in the past?	
Are any medications being administered?	
Current diet and feeding schedule?	
Eating Changes?	
Has your pet been vaccinated recently?	
Any weight loss?	
Any increase or decrease in water consumption?	
Any change in bowel movements?	
Any exposure to toxins?	
Any other medical history?	
Does your pet have any known allergies?	

### Additional Services Requested

If my pet is due for vaccines and is healthy, I would like to update them:  
Are there any other services you would like while \_\_\_\_\_ is here?

I give my permission to treat \_\_\_\_\_ up to \$ \_\_\_\_\_

A technician may call you on the day of services to confirm the above. Number to call: \_\_\_\_\_

If at all possible I would like to pick \_\_\_\_\_ up by: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_