

T.L.C. Animal Hospital

14870 Space Center Blvd., Ste. L Houston, TX 77062

Patient Drop-off and Consent Form:

Name: _____ Pet's Name: _____

Reason for examining your pet today: _____

If there is a problem, when did you first notice the problem: _____

How has your pet's appetite and water consumption been? _____

Is your pet on medication now? _____ What? _____

What has your pet eaten this morning? _____

Are there any problems that your pet might have that we should be aware of: _____

Please initial one of the following:

_____ I give the veterinarians at TLC Animal Hospital my permission for any diagnostic procedures and treatments that they deem necessary.

OR

_____ I request that the veterinarian perform only and initial evaluation, then contact me for any further diagnostic and treatment procedures.

Today I can be reached at:

Primary phone number: _____

Back-up phone number: _____

Signature: _____ Date: _____