Weight _____
Gained ☐
Lost ☐
Office use only

Advanced Care
VETERINARY HOSPITAL
12226 Heywood Hill Road
Sapulpa, Ok 74066
918-224-1900

Rehabilitation Drop Off Form

Patients Name: _____

Owners Name: _____

Preferred Contact Phone number:_____

Preferred method of communication for pick up: ☐ Phone Call ☐ Txt Message

Medical History

1. How would you say your pet is doing: ☐ WORSE ☐ THE SAME ☐ BETTER

If worse, please explain here: _____

2.Does your pet need a refill on medication NO YES

If YES please list them: _____

3.Questions/Comments /Concerns if any_____

_____

If known, what services does your pet need today (Select All that Apply)

☐ Acupuncture ☐ Chiropractic ☐ Rehabilitation ☐ Other_____

Any pets staying in the hospital, for any reason, are required to be free of fleas, ticks, or any other external parasites. If the staff finds any parasites on your pet, we will administer parasite control at the owner's expense.

Initials _____

I hereby authorize Advanced Care Veterinary Hospital and its staff to receive, prescribe for, vaccinate, and/or treat the animal listed on page 1, as needed for the health and well-being of the animal. Furthermore, I agree to pay for services rendered at the time the pet is discharged from the hospital.

Owner/Agent Signature: _____ **Date:** _____