Ashton Animal Clinic
1008 N First Street
Ashton, Illinois, 61006
Ph: (815) 453-2171
Fax: (815) 453-2169
Email: vetrecords@ashtonvet.com

Drop Off Form

Owner's First and Last Name:_____

Patient's Name:_____

Primary Reason for visit:_____

_____

Duration of Symptoms?_____

Time and type of last oral intake: _____

What medications is your pet taking (prescription or over the counter)? _____

_____

For the following questions please answer yes/no/occasionally and use the next box to give a brief description:

Breathing Problems: **yes/no/occasionally**

_____

Diarrhea: **yes/no/occasionally**

_____

Change in Appetite: **yes/no/occasionally**

_____

Change in Drinking: **yes/no/occasionally**

_____

Vomiting: **yes/no/occasionally**

_____

Urination changes: **yes/no/occasionally**

_____

Ears problems:**yes/no/occasionally**

_____

Mobility problems (which legs?):**yes/no/occasionally**

_____

Itching:**yes/no/occasionally**

_____

Wounds or masses (location):**yes/no/occasionally**

_____

In the event of a cardiovascular emergency, and your pet is not responsive to routine corrective measures, do you want us to attempt resuscitation including CPR or other interventions (minimum $136.99)? **yes/no**

Budget considerations: Please call at below phone number if cost will be greater than:
Common charges: Exam $74.44; Bloodwork $185.40-$331.66; Radiographs $253.90-442.59; Sedation $40-185; Fecal $77.77; Urine $72.10-$160.78.
All displayed costs shown are for card payments. Cash/Checks have a 3% discount..

Owner or Agent of Owner Phone (First to call): _____

Phone (Second to call): _____

When are you available to pick up your pet? _____

The nature of services have been described to me to my satisfaction and I realize that no guarantee nor warranty can ethically or professionally be made regarding the treatment or outcome. I understand that I assume financial responsibility for all services rendered, and that **payment is due at the time of service**. I understand payments made by check, cash, or CareCredit will be priced at a lower rate.

In the event my pet has signs of fleas, it will be treated with a flea treatment at my cost during the duration of the pet's hospitalization or boarding at the clinic.

I hereby agree to indemnify and hold Ashton Animal Clinic harmless for any damage caused during the transportation of the animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or acts of God.

I, the undersigned owner or agent of the owner of the pet identified above, certify that I am eighteen years of age or over and authorize the veterinarians and staff at Ashton Animal Clinic to perform the above procedures. I understand that some risks always exist with any medical or surgical treatment and that I am encouraged to discuss any concerns I have about those risks with the attending doctor before the procedures are initiated. By signing below, I understand this document and agree to all terms and conditions held within.

(☐ OWNER or ☐ AGENT)

Signed:_____ Date: _____