

Drop Off Questionnaire

Oak Forest Veterinary Hospital, 2120 West 34th Street, Houston, Texas 77018

Hallie Ray Moore, DVM Beverly Crocker, DVM Ashlee Nelson, DVM Breanna Green, DVM

Owner: _____

Patient: _____

Street: _____

Breed: _____

City: _____

Sex: _____

Zip: _____

Age: _____

Phone: () _____

Color: _____

Markings: _____

I, _____, do hereby certify that, at I am the owner (or duly authorized agent for the owner) of the animal described above, and I do hereby give Hallie Ray Moore, DVM, her agents, servants and/or representatives full and complete authority to perform any procedure that, at her discretion, may be useful to promote the health of the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release.

Please describe the problem(s) you are seeing with your pet today: _____

How long have you noticed the problem? _____

What medications is your pet on? _____

Do we have your permission to perform diagnostic bloodwork on your animal prior to contacting you?

Yes

No

Do we have your permission to perform radiographs (x-rays) on your animal prior to contacting you?

Yes

No

Would you like to have your pet microchipped for an additional charge?

Yes

No

By signing below, I hereby grant Oak Forest Veterinary Hospital permission to take photographs of myself and/or my pet, and to publish those photographs for any lawful purpose, including, but not limited to, their website, social media accounts, and promotional materials, either digital or in print, in perpetuity. I also grant permission to use my name and/or my pet's name.

By signing this document I authorize Oak Forest Veterinary Hospital to edit, alter, share, remix, tweak, build upon or in any way alter the photograph(s) mentioned above. I also waive any rights of privacy or compensation associated with the use of my or my pet's image(s) and name(s) for the personal or commercial purposes outlined above.

Signed _____

Date _____

Printed Name _____

Contact Number _____