

Animal Health Clinic
500 Telly Road
Picayune, MS, 39466
601-799-1300

Receptionist: _____
Admitting Technician: _____

Drop-Off Consent Form

Client's Name: _____ Date: _____

Pet's Name: _____ Age: _____ Sex: M = F =

Phone Number: _____

How would you like to be contacted: Phone call _____ Text message _____ Email _____

Concerns (Ex. Itchy skin, cough, etc): _____

Services and Vaccines Needed

Canine

_____ Complete Wellness Exam
\$290.00 (1-6 yrs) & \$305.00 (7- up)
(Include: Full Comp, Plus Annual
Bloodwork and Urinalysis)

_____ Comp Exam \$145.00
(Includes: Heartworm & Fecal Test
Rabies, Bordatella, & Da2PVL vaccination)

Feline

_____ Complete Wellness Exam
\$230.00 (1-6 yrs) & \$300.00 (7- up)
(Include: Full Comp, Plus Annual
Bloodwork and Urinalysis) (a Thyroid will be ran
on Felines 7 and over)

_____ Comp Exam \$115
(Includes: Dewormer, Rabies
FVRCP, & Leukemia Vacc.)

Lab Testing

_____ Intestinal Parasite Analysis Fecal Exam \$18.50
_____ Heartworm Test (canines only) \$32.00
_____ FIV/Felv combo test (felines only) \$46.00
_____ Urinalysis w/ U/S Guided Cystocentesis \$46.00
_____ CBC & Chemistry (routine blood work) \$149.00

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_____ Other _____

Medication Refills

_____ Heartworm Prevention _____ Flea/Tick Prevention

Day Spa Procedures

_____ Bath The Works (Cost by weight) _____ Shave down (Cost by weight)

(Includes: Body, Ears, Anal glands, & nails)

Estimated Cost for the Procedures Above

\$ _____

I certify that I am the owner, or authorized agent for the owner, of the above animal. I hereby consent to and authorize the doctors and staff of the Animal Health Clinic to admit this pet and perform the above-described procedures.

I acknowledge that I am responsible for payment in full for the above procedures and treatments at the time my pet is discharged.

Printed name

Signature of Owner or Authorized Agent