

**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): \_\_\_\_\_

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### **Services and Vaccines Needed**

#### **Canine**

\_\_\_\_\_ Complete Wellness Exam  
\$226.00 (1-6 yrs) & \$244.00 (7- up)  
(Include: Full Comp, Plus Annual  
Bloodwork and Urinalysis)

\_\_\_\_\_ Comp Exam \$122.00  
(Includes: Heartworm & Fecal Test  
Rabies, Bordatella, & Da2PVL vaccination)

\_\_\_\_\_ Adult Exam & Vaccines \$91.00  
(Exam, Rabies, Bordatella, & Da2PVL)

\_\_\_\_\_ Exam & Single Vaccine

#### **Feline**

\_\_\_\_\_ Complete Wellness Exam  
\$199.00 (1-6 yrs) & \$263.00 (7- up)  
(Include: Full Comp, Plus Annual  
Bloodwork and Urinalysis) (a Thyroid will  
be ran on Felines 7 and over)

\_\_\_\_\_ Comp Exam \$95.20  
(Includes: Dewormer, Rabies  
FVRCP, & Leukemia Vacc.)

\_\_\_\_\_ Adult Exam & Vaccines \$82.00  
(Exam, Rabies, FVRCP, & Leuk.)

\_\_\_\_\_ Exam & Single Vaccine

(Prices vary depending on vaccine)

#### **Lab Testing**

\_\_\_\_\_ Intestinal Parasite Analysis Fecal Exam \$17.95

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\_\_\_\_\_ Heartworm Test (canines only) \$31.50  
\_\_\_\_\_ FIV/Felv combo test (felines only) \$43.00  
\_\_\_\_\_ Urinalysis (urine test) \$29.00  
\_\_\_\_\_ CBC & GenH (routine blood work) \$129.50  
\_\_\_\_\_ 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**