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PATIENT DROP OFF

Drop Off Time & Date: _____

Pet's Name: _____

Breed: _____ Color: _____ Sex: _____

Owner's Name: _____

Pick Up Time: _____

Reason: _____

Please choose one of the following:

1) Treat my pet as needed. initials _____

2) Please call if estimated cost goes over \$_____ initials _____

3) Please call after the initial exam with an estimate prior to doing any treatments. initials _____

By signing below, you are agreeing to be reachable at one of the numbers listed below. You are also recognizing the attending veterinarian might not be available to personally speak with you regarding the diagnosis and treatment of your animal. It is strongly recommended for the owner to be present for the initial exam, so you and the doctor can discuss the patient's condition and treatment. We will do everything possible to have the attending veterinarian available to speak with you; however, we cannot guarantee their availability.

Contact Info: 1) _____ 2) _____

Client Signature: _____ Date: _____

SAH Office Use:

SAH Staff Member Checking In Patient: Initials: _____ Date: _____

SAH Technician During Exam: Initials: _____ Date: _____

SAH Technician Discharging: Initials: _____ Date: _____