



ANIMAL HOSPITAL



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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, I confirm the accuracy of the contact numbers listed below for SAH staff to contact me today. I also recognize the attending veterinarian might not be available to personally speak with me regarding the diagnosis and treatment of my animal. SAH strongly recommends for the owner to be present for the initial exam, so the doctor can discuss the patient's condition and possible treatment(s). We will do everything possible to have the attending veterinarian available to discuss the patients condition; however, their availability cannot be gauranteed.

Contact Info: 1) _____ 2) _____

Client Signature: _____ Date: _____

SAH Office Use:	SAH Staff Member Checking In Patient: Initials: _____ Date & Time: _____
	SAH Technician During Exam: Initials: _____ Date & Time: _____
	SAH Technician Discharging: Initials: _____ Date & Time: _____