

Tender Touch Animal Hospital
27099 Miller Bay Road, Suite C
Kingston WA
(360) 881-0099

Exam Drop-Off

We may need to contact you regarding your pet. Please leave a number where you can be reached.

Home: _____

Work: _____

Other Phone: _____

Reason for Drop-Off

We consider our hospital to be a flea free environment. If we see fleas on your pet, we will treat at a cost to you. Initial _____

The doctor will examine your pet during the day and determine a diagnostic and treatment plan. Expect a phone call regarding the findings and a plan later today from the doctor or technician.

I authorize the exam and hospitalization currently. I understand that I will be charged the exam fee and a hospitalization fee. Pending the findings, I may thereafter choose to authorize diagnostics and or treatment as recommended.

SIGNED: _____ DATE: _____