

Coral Gables Animal Hospital

4569 Ponce de Leon Blvd. Coral Gables, Florida 33146

BRAD RICHTER, DVM

ANNETTE R. THOMAS, VMD

ANA M. CEPERO, DVM

Drop Off Consent Form

Today's Date: _____ Dr. Preference: _____

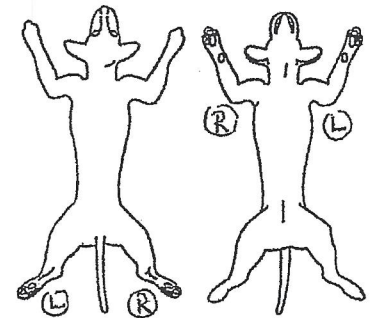
Owner's Name: _____ Pet's Name: _____

Feline: _____ Canine: _____ Description: _____

***** PLEASE LEAVE A PHONE NUMBER WHERE YOU MAY BE REACHED TODAY *****

Primary Number: _____ Secondary Number: _____

Here for: _____



Please initial ONE:

_____ **ABOVE SERVICES ONLY** – Please call me before any other procedures are performed.

_____ **TREATMENT AS NEEDED** – I give permission to perform X-Rays, bloodwork, and any additional procedures that are deemed necessary for the treatment, health, or well-being of the above described animal.

Food/medication administered today? _____

Belongings left: _____

PLEASE CALL THE HOSPITAL BEFORE COMING TO PICK UP YOUR PET

Any pets entering the hospital with fleas and or ticks will be treated and charged accordingly. Current vaccinations are required on all pets entering the hospital. I assume the legal responsibility for the payment of all medical and surgical bills charged in treatment of the above pet. I am aware that payment in full is expected at dismissal.

Signature _____ Date _____