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 ____________________________