



DROP OFF CONSENT

DATE: _____ YOUR NAME: _____ PET'S NAME: _____

EMERGENCY NUMBER (WHERE YOU CAN BE REACHED): _____

MY PET IS BEING DROPPED OFF FOR: _____

Your pet will receive a brief exam as well as the following canine vaccinations: (check all that apply)

DA2PP 1 year DA2P 3 year Parvo 1 year Parvo 3 year Bordetella Lyme Rabies CIV

Feline: (check all that apply)

FVRCP FELV FIP Rabies

Other services requested: (check all that apply)

Nail Trim Anal Glands Expressed Fecal Exam Microchip implanted Ears Cleaned Tech Bath
 De-worm

Is your pet experiencing any of the following? (Check all that apply)

Vomiting Diarrhea Constipation Coughing Sneezing Excessive Urination
 Infrequent Urination Increased water consumption Decreased Appetite Itching
 Discharge from eyes/nose Limping

Please provide more information on the items checked above including duration and severity:

If there is a health issue that we need to address, you will be charged for a full exam instead of the brief exam. You will be contacted at the telephone number that you provided with an estimate of cost for services or treatments needed.

If your pet is being professionally groomed today please provide instructions as to how you wish your pet to be groomed: _____

Upon grooming your pet the groomer may notice a health issue that a doctor needs to address. You will be contacted at the number provided to authorize further treatment and an estimate of cost for treatment(s) will be discussed with you over the phone or upon discharge.

By signing below you authorize Companion Animal Hospital to care for your pet during his/her stay with us. You understand that Companion Animal Hospital cannot be held liable for risks that may be involved with the care of my pet(s) when all reasonable precautions have been taken against injury, escape, or destruction. You accept financial responsibility for any and all charges incurred during his/her stay. You understand that a deposit of half of the estimated treatment plan may be due upon admitting your pet with the balance due at the time of release. You are aware that we are not staffed 24 hours a day and after hour treatment is at the discretion of the veterinarian.

Signature

Admitting Hospital Staff