

Patient Drop-Off Consent for Treatment

Client's Name _____ Pet's Name _____

Reason your pet is here: Exam () Vaccinations – please list () _____

Illness/Injury – please describe () _____

Other – please describe () _____

Please describe the problem(s) your pet is having, pertinent history leading up to the current condition, any previous major medical problems and any other information that may be helpful: _____

When/what did your pet last eat? _____

What medications (if any) has your pet received in the last 24 hours? At what time?

As owner, or duly authorized agent of the owner, of the above named animal, I hereby consent and authorize the clinic to receive, prescribe, or treat this animal. The staff are to use all reasonable precautions against injury, escape, or demise but will not be held liable or responsible in any manner regarding the care, treatment, or safe keeping of the animal. I understand that I am assuming all risks involved in care and treatment for this animal. I consent to administration of anesthesia as deemed necessary by the doctor. While I accept that all procedures will be performed to the best of the abilities of the veterinarians and staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I agree to assume financial responsibility for the remaining fees and provide payment via cash, credit card, or check at the time my pet is discharged from the hospital. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff has my permission to provide such treatment. I hereby agree to pay for such services. I understand that during the performance of medical, surgical, or anesthetic procedures, unforeseen conditions may be revealed that necessitate more extensive, costly, or different procedures than originally planned. If the staff at this veterinary practice is unable to reach me, I hereby consent to and authorize the performance of such procedures as are necessary and desirable in the professional judgment of the attending veterinarian.

By signing this form, I acknowledge that I am the owner or authorized representative that can make medical decision for the above said pet.

Owner or Agent Signature: _____ Date: _____

Print Name: _____ Phone number: _____