

Drop Off Consent Form

Client Information

Name: _____ Date: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

Pet Information

Pet Name: _____ Sex: _____ Birth Date: _____ Species: _____
 Breed: _____ Color: _____ For Cats: Indoor Outdoor Indoor/Outdoor
 Is your pet on heartworm meds? Yes No if so, what kind _____
 Is your pet on flea/tick meds? Yes No if so, what kind _____
 If Fleas are found on your pet while in our care they will be treated at the cost to the owner
 Is your pet on any other meds? _____ Last dose? _____

What is the main reason for your pet's visit today? Please provide as much detail as possible: _____

How long has this been going on? _____ Status: better worse same
 Have you provided any treatment(s) at home? _____

Please check any symptoms your pet is experiencing: Vomiting Diarrhea Constipation
 Lethargy Blood in Stool Coughing Sneezing Shaking Head Lack of appetite
 Increase drinking/urination Scratching (where?) _____ Lump(s) location _____
 Limping (which leg?) _____ Other _____

To assist your pet as quickly as possible, do you give permission to do the following (if deemed necessary by the veterinarian)? Lab Work X-Rays Sedation/Anesthesia Other: _____

Indicate which vaccinations/tests or services you would like us to perform today.
**** VA State Law requires a current Rabies vaccine on all pets****
****AMCC Policy requires well pets to be current on fecal, DHPP, Rabies, Bord (FVRCP cats)****

DOGS		CATS		Additional Services
<input type="checkbox"/> Rabies vaccine	<input type="checkbox"/> Canine Influenza vaccine	<input type="checkbox"/> Rabies vaccine	<input type="checkbox"/> 4in1/FVRCP vaccine	<input type="checkbox"/> Anal sac expression
<input type="checkbox"/> DHPP vaccine	<input type="checkbox"/> Leptospirosis vaccine	<input type="checkbox"/> Leukemia vaccine	<input type="checkbox"/> Leukemia/FIV/HW Test	<input type="checkbox"/> Nail trim
<input type="checkbox"/> Lyme vaccine	<input type="checkbox"/> Heartworm/Lyme/Ehr/ Ana			<input type="checkbox"/> Microchip
<input type="checkbox"/> Bordetella vaccine	Snap Test			Other: _____

AUTHORIZATION: I verify I am the owner (or Authorized agent) of the above-named pet and authorize the above procedure to be performed. I agree to be responsible for any charges incurred while my pet is in the care of this facility and understand payment is due at the time my pet is released from the hospital. I understand no staff will be attending to my pet if it stays overnight (pets needing special care may be referred to a 24-hour hospital).

Best Phone # to reach you at **today:** _____ May we text this #? Yes No
 Owner/Agent Name (print): _____ Signature _____ Date: _____