

For Office Use Only:

Client ID:

Patient ID:

**Westridge Animal Hospital
3909 New Boston Rd
Texarkana, TX 75501**

Drop Off Consent Form

Client Name _____ **Patient Name** _____

Address _____ **Species** _____ **Breed** _____

Telephone _____ **Sex: Neutered Male Male Spayed Female Female**

Is there a specific doctor you would like to perform these services?

Dr. Murray _____ **Dr. Burns** _____ **Dr. Morgan** _____

Has your pet had any of the following symptoms?

Vomiting _____ **Diarrhea** _____ **Respiratory Distress** _____ **Lethargy** _____ **Skin Disorder** _____

Is your pet currently on any medications? **YES** _____ **NO** _____

If yes, please list them: _____

Is your pet current on vaccinations? **YES** _____ **NO** _____

If not, would you like us to update them today if your pet is well enough? **YES** _____ **NO** _____

Is your pet currently on a heartworm preventative? **YES** _____ **NO** _____

If yes, what kind? _____ If not, would you like to discuss preventatives? _____

Is your pet eating? **YES** _____ **NO** _____ Is your pet drinking? **YES** _____ **NO** _____

In order to expedite treatment of my pet, I hereby authorize the performance of the following procedure(s) that the doctor may recommend:

Bloodwork: Yes No Radiographs: Yes No Urinalysis: Yes No

Sedation: Yes No IV Fluids: Yes No

Please list any other comments you might find helpful in the diagnosis/treatment of your pet:

I hereby certify that I am the owner, or owner's agent, of the above named animal and am responsible for it and have the authority to execute this consent.

Signature of Owner/Owner's Agent

Date

Phone Number

Texting option for updates on your pets visit