

Client Name:
Address:
Phone:



Patient Name:
Birthday: Age:
Breed:
Color:
Sex:
Drop-Off Date:

Drop-Off Consent Form

Reason for drop-off:

Are the symptoms:

Duration:

Similar symptoms in the past:

Have you noticed any:

Changes in Appetite or Thirst:

Changes in Body Condition:

Changes in Energy Level:

Vomiting/Diarrhea

Coughing or Sneezing:

Exercise Intoleranced

If yes, please elaborate:

Has your Pet ever experienced:

Anesthetic complication

Drug/vaccine reactions

Serious illness/injury/disease

If yes, please elaborate:

When was the last time the patient had any food?

List any and all medications, prescription and over the counter:

Once the Doctor has examined your pet:

Do not proceed with any diagnostic or treatment recommendations without speaking with the emergency contact.

OR

Proceed with diagnostic and treatment recommendations at the doctor's discretion not to exceed (Amount): This is in addition to any previous estimate provided before contacting me.

OR

Proceed with any diagnostic and treatment recommendations at the doctor's discretion.

In the unlikely case of a life threatening emergency...

I consent to extreme measures including but not limited to CPR, manual respiratory ventilation, and drug treatments to be taken to prevent death. (\$300-\$500)

I do not consent to extreme measures to be taken to prevent death; do **NOT** resuscitate.

- It is necessary that all dogs are current on the following: Rabies, DHPP & CIV (Both H3N2 & H3N8). The following are required within the last 6-months: Exam, Bordetella and fecal exam. Unless medically unable to perform at this time.

Initial

- It is necessary that all cats are current on the following: Rabies & FVRCP. The following are required within the last 6-months: Exam and fecal exam. Unless medically unable to perform at this time.

I understand payment is due at time services are rendered and no payment plans are offered at Veterinary Medical Center of Spring. We do accept Care Credit. By signing below, I agree to all the statements above and agree that all the information I supplied on this document is true.

Best Phone Number to Contact:

Secondary Phone:

Print Name:

Signature:

Date: