

Medical Drop Off Consent Form

Client / Pet Information:

Reason for Visit: _____

Contact Method: (Please Circle) Call Text Email

Phone # or Email: _____

Times Available: _____ am/pm to _____ am/pm

I authorize _____ to pick my pet up on my behalf.

Symptoms:

Appetite	Normal	Abnormal	
Water Intake	Normal	Abnormal	
Urination	Normal	Abnormal	
Bowel Movements	Normal	Abnormal	

Coughing / Sneezing	Yes	No	
Vomiting / Diarrhea	Yes	No	
Shaking / Scratching Head	Yes	No	
New Lumps, Growths, Lesions	Yes	No	
Lethargy	Yes	No	
Chewing / Scratching	Yes	No	
Limping	Yes	No	
Other			

What is your pet's diet? (Dry/Wet, brand, daily amount and frequency) _____

Is your pet? (Circle One): Indoor Outdoor Indoor / Outdoor

Please list current medications your pet is on: _____

Do you need any medications refilled today? If so, please list: _____

List any other details that the doctor should know: _____

Please note:

- We may not contact you regarding the status of your pet unless there is a medical emergency, in which case, we will contact you immediately. If you are concerned, please feel free to call us at any time.
- In order to protect the health of your pet, this facility requires documentation showing that all in-patient dogs are current on **Rabies and Da2pp (distemper/parvo) vaccinations**, and cats must be current on **Rabies and FVRCP/FelV (feline distemper and leukemia) vaccinations**. If any of these vaccinations are past due, and your pet is deemed to be in good health, the doctor may require vaccinations be administered at the time of visit and the cost of services will be added to your bill.
- If your pet exhibits extreme anxiety, or cannot be handled safely without sedation, we will be unable to complete the examination without authorization to sedate. Sedation is used only when necessary for the safety and well being of the pet and staff.

Consent for Treatment: (Please Initial One)

____ I authorize the attending veterinarian to perform any procedures deemed necessary while my pet is here. I am aware that I will be responsible for any and all costs which will be due at discharge.

____ Please attempt to contact me with a medical treatment plan, however proceed if I am not available. I am aware that I will be responsible for any and all costs which will be due at discharge.

____ Please contact me with a medical treatment plan before proceeding with any treatment not already discussed. If I am not available, do not proceed. I understand that this may mean I would need to bring my pet back at another time for diagnosis and treatment.

Consent for Sedation as Applicable:

____ I, the undersigned owner or agent of the owner of the pet identified above, certify that I am 18 years of age or over and authorize the veterinarians at Dunham Animal Hospital to sedate / anesthetize my pet if deemed medically necessary for examination and / or treatment. I understand that some risks always exist with anesthesia and that I am encouraged to discuss any concerns I have about those risks with the attending doctor before the procedures(s) is/are initiated.

Client Signature

Date