

DROP-OFF TREATMENT CONSENT FORM

Canyon Small Animal Hospital

3923 South 10th Avenue
Caldwell, ID 83605
(208)455-7757

Today's Date _____

Pet's Name _____

Today's Phone # _____

Owner's Name _____

Our staff will call you when your pet is ready to go home!

Problem/Reason for Bringing in Your Pet

(please include any details you think are significant about your pet's condition, i.e. bathroom habits, eating habits, changes in behavior, etc.)

The following treatments are often times necessary to correctly diagnose your pet's medical condition.

Please authorize or decline these procedures below:

X-Rays: YES NO Sedation: YES NO Bloodwork: YES NO

By signing below, I hereby authorize the doctors and staff of Canyon Small Animal Hospital to treat my pet for the above mentioned condition/problems.

I understand that I will be responsible for any and all charges associated with these treatments at the time I pick up my pet.

Signature of Pet Owner/Agent