

# Drop Off Consent Form

Date:\_\_\_\_\_ Pet's Name\_\_\_\_\_ Owner's Name\_\_\_\_\_

Phone number in case of emergency\_\_\_\_\_ Has your pet eaten today? \_\_\_\_\_

Medications the pet is currently on\_\_\_\_\_

**All drop off appointments include: a general exam (\$43.05) and drop off fee (\$15.75).**

**Additional charges may occur due to prescribed medications and/or treatments.**

Option for the care of your pet:	Yes, please complete without calling	Call First	No, N/A
Comprehensive Blood Panel (\$84.00)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete Blood Count (\$48.30)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urinalysis (\$39.90)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid Test – T4 (\$39.28)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heartworm, Lyme, Ehrlichia, Anaplasma Test (\$38.85)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leukemia, FIV, Heartworm Test (\$38.85)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sedation (\$39.90-\$50.40)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiographs (\$86.10-\$134.40)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wound Care (starting at \$29.40 and up)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ear Cytology (\$23.63)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*\*\*\*ALL ANIMALS MUST BE CURRENT ON THEIR RABIES VACCINATION. \*\*\*\*

\*\*\*\* IF YOUR PET HAS FLEAS, PLEASE TELL US NOW. ANY ANIMAL FOUND TO HAVE FLEAS WILL BE  
TREATED AT THE OWNER'S EXPENSE. \*\*\*\*

As the owner or agent of the owner of the above animal, I hereby give my consent to Lee Veterinary Clinic, P.C. to perform the above procedures. I understand that during the performance of this procedure, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth above. I expect the Lee Veterinary Clinic to use reasonable care and judgment in performing the procedure(s). The nature of the procedure, and risks involved have been explained to me and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding the animal.

\_\_\_\_\_  
(Signature of Owner/Agent)