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 ($52.80) and drop off fee ($18.37). 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 ($97.94)	(__)	(__)	(__)
Complete Blood Count ($56.32)	(__)	(__)	(__)
Urinalysis ($49.31)	(__)	(__)	(__)
Thyroid Test – T4 ($45.91)	(__)	(__)	(__)
Heartworm, Lyme, Ehrlichia, Anaplasma Test ($47.29)	(__)	(__)	(__)
Leukemia, FIV, Heartworm Test ($50.74)	(__)	(__)	(__)
Sedation ($46.52 - $58.76)	(__)	(__)	(__)
Radiographs ($100.40 - $156.72)	(__)	(__)	(__)
Wound Care (starting at $34.28 and up)	(__)	(__)	(__)
Ear Cytology ($27.56)	(__)	(__)	(__)
Other _____	(__)	(__)	(__)
Other _____	(__)	(__)	(__)
Other _____	(__)	(__)	(__)

****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)