Drop Off for Medical Visit

Owner's Name:_____ Acct#_____

Pet's Name:_____ Pet#_____ Recp:_____

If possible I want my pet to be examined and treated by Dr._____.

Please provide a detailed description of illness or injury:_____

_____

_____

_____

I authorize sedation and/or pain medication (at additional cost) if needed during exam.
Yes or No ***** Has your pet eaten this morning?***** If so approximately how much?
_____

□ I understand the exam is $42.00 and that necessary procedures and medications will be added to this. Please call with treatment plan amount if it will exceed $_____.
My immediate contact # is _____.
We will not be able to proceed if we can not reach you, please make sure the number you leave enables us to do so quickly.

□ Do all procedures deemed to be required by the treating veterinarian without further consent.

***** What time do you wish to pick up your pet?_____ We will call if more time is needed to complete all that is required.*****

You are to use reasonable caution in the treatment of my pet, in which event, I will not hold the clinic liable for injury, escape or death. I understand that any unforeseen problem that develops while I am absent and my pet is in your care will be treated as deemed best by the staff veterinarians and I assume full responsibility for the expense of treatment. If I neglect to pick up my pet within 10 days of the date of discharge, you may consider my pet abandoned and are hereby authorized to make arrangements according to laws of the state of Georgia.

All medical procedures, including vaccinations, have some inherent risk. I understand that there are certain risks to anesthesia that could involve serious bodily injury or death that these risks are present in any procedure that requires a general or intravenous anesthetic. I consent to the use of anesthesia if required.

I have read and understand this consent form and give my permission to treat my pet.

Owner's Signature:_____ Date:_____