

# Drop-Off Consent Form



Client's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Species:  Canine  Feline

I am the owner or agent for the owner of the above-mentioned animal, and have the authority to execute this consent.

I hereby consent and authorize the performance of the following examination(s), procedure(s), test(s), or operation(s):

### **Canine Services**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Annual Exam            | <input type="checkbox"/> Rabies, Three Year Vaccination | <input type="checkbox"/> DHPP, Three Year Vaccination |
| <input type="checkbox"/> Bordetella Vaccination | <input type="checkbox"/> 4DX Heartworm Test             | <input type="checkbox"/> Influenza Vaccination        |
| <input type="checkbox"/> Lyme Vaccination       | <input type="checkbox"/> Leptospirosis Vaccination      | <input type="checkbox"/> Fecal Test                   |

### **Feline Services**

- |                                      |  |  |   |
|--------------------------------------|--|--|---|
| <input type="checkbox"/> Annual Exam | <input type="checkbox"/> Purevax Vaccination | <input type="checkbox"/> FVRCP Vaccination | <input type="checkbox"/> FeLV Vaccination |
|--------------------------------------|--|--|---|

### **Additional Services**

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Nail Trim | <input type="checkbox"/> Anal Glands |
|------------------------------------|--------------------------------------|

### **Other**

\* \_\_\_\_\_ \*

\* \_\_\_\_\_ \*

I understand that during the performance of the foregoing examination(s), procedure(s), test(s), or operation(s) unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s), test(s), operation(s) or different procedure(s), than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment.

I also authorize the use of appropriate anesthetics and other medications, and understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I have been advised as to the nature of the procedure or operations and the risks involved.

I have read and understand this authorization and consent.

\_\_\_\_\_  
Signature or type name of Owner

\_\_\_\_\_  
Date