



9108 Glenwood Ave
Raleigh NC 27617
(919) 785-9410

VETERINARY SERVICES DROP-OFF CONSENT

Prepped by: _____

Checked in by: _____

Weight: _____ lb

Red Carded: Yes No

Run# _____

Drop Off Date: _____

Pick Up Date: _____

PAP CHART # _____

Need to know questions:

Coughing/Sneezing Yes No

Vomiting/Diarrhea Yes No

Normal Activity Yes No

Defecation Normal Yes No

Urination Normal Yes No

Eating Normal Yes No

Drinking Normal Yes No

Recent Travel Yes No

Home Dental Care Yes No

Brush / Chews / Treats / Toys

Current Diet: _____

Amount Fed: _____/day

Flea/Tick Prevention:

Heartworm Prevention:

Last dose given? _____

Other medications: _____

SCANNED: _____

CORNERSTONE: _____

ATTACHED: _____

PETEXEC: _____

Pet's Name: _____ Owner's Name: _____

Breed: _____ Phone Number: _____

Color: _____ Spayed/Neutered? Yes No

Age: _____ Gender: Male Female

Here for: Boarding Grooming Daycare Tech Vet

Additional services requested today that are not included in the provided estimate:

Nail Trim Anal Gland Expression Microchip

Other: _____

Does your pet need any prescription refills today? No Yes

As the owner or agent of the above pet, I hereby give my consent to Paws At Play Veterinary Hospital to perform the procedures listed in the attached and signed estimate. **All patients must be current on their vaccines and must be free of external parasites. Any animal found to have fleas or ticks will be treated at the owner's expense**

I understand that the performance of this procedure(s), unforeseen conditions may be revealed that necessitate an extension or variance of the procedure(s) set forth above. I expect Paws At Play Veterinary Hospital to use reasonable care and judgment in performing the procedure(s). The nature of the procedure and risks involved has been explained to me. I realize results cannot be guaranteed. I am also aware that any unforeseen event resulting from the procedure(s) will no relieve me from any obligation to all responsible cost incurred regarding this pet. I realize that I am also responsible for the emergency care and service provided to stabilize my pet and assess my pet's condition even prior to consultation with the attending veterinarian.

CONSENT FOR ADDITIONAL TREATMENTS Please read and initial one:

_____ I authorize testing and treatment as needed

_____ I would like to be contacting before additional treatments are performed

_____ I only approve additional treatment in the case of a life threatening emergency

Signature of owner/agent: _____ Date: _____