



Office Use Only: Prepped by: _____ Checked in by: _____ Attached in CS: ☐

Weight: _____ lb Run #: _____

Red Carded: ☐ Yes ☐ No

VETERINARY SERVICES DROP-OFF CONSENT

Drop Off Date: _____

Pick Up Date: _____

Pet's Name: _____

Owner: _____

Breed: _____

Color: _____

Age/DOB: _____

Gender: ☐ Male ☐ Female Spayed/Neutered? ☐ Yes ☐ No

Here for: ☐ Boarding ☐ Grooming ☐ Daycare ☐ Vet

Services Requested Today

☐ Nail Trim: \$15 ☐ Nail Dremel: \$27 ☐ Anal Gland Expression: \$28

Other: _____

Need to know questions:

Coughing/Sneezing: ☐ Yes ☐ No Vomiting/Diarrhea: ☐ Yes ☐ No

Current Diet (Brand): _____

Normal Activity: ☐ Yes ☐ No Defecation Normal: ☐ Yes ☐ No

Amount Fed: _____

Urination Normal: ☐ Yes ☐ No Eating Normal: ☐ Yes ☐ No

Drinking Normal: ☐ Yes ☐ No Recent Travel ☐ Yes ☐ No

Flea/Tick Prev (Brand): _____

Does your pet need any prescription refills today? ☐ YES ☐ NO

Heartworm Prev (Brand): _____

If so, what kind and how much: _____

Last dose given: _____

Any other medications?: _____

CONSENT FOR ADDITIONAL TREATMENTS Please read and check ONE:

- ☐ I authorize testing and treatment as needed
- ☐ I would like to be contacted before additional treatments are performed
- ☐ I only approve additional treatment in the case of a life threatening emergency

Phone Number (where you can be reached today): _____

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 not relieve me from any obligation to all responsible costs 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.

Owner/Agent Signature: _____

Date: _____