

DROP OFF CONSENT FORM

Date: _____

Client Name: _____ Pet's Name: _____

Phone Number(s): _____

Pick-up date and time: _____

Reason for today's visit: _____

Primary problems/symptoms: (Please check all those that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Lethargy/Weakness | <input type="checkbox"/> Changes in drinking | <input type="checkbox"/> Breathing problems |
| <input type="checkbox"/> Vomiting/Diarrhea | <input type="checkbox"/> Changes in appetite | <input type="checkbox"/> Lumps |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Coughing/Sneezing | <input type="checkbox"/> Scratching/Skin changes |
| <input type="checkbox"/> Changes in urination | <input type="checkbox"/> Limping | <input type="checkbox"/> Behavioral changes |

Please explain any problems/symptoms chosen above: _____

Is your pet on any medications (including heartworm and flea preventative)? Please list any medications your pet is taking and when they were last given. _____

Does your pet have any allergies? _____

Medical/Vaccine History of pet: _____

Please initial ONE of the following:

I authorize any and all diagnostics/treatment the veterinarian deems necessary, including bloodwork, radiographs, and sedation if needed.

I authorize diagnostics/treatment up to the amount of \$_____.

Please call me before performing any diagnostics/treatment.

I authorize Woodforest Veterinary Medical Center to prescribe for and treat the conditions presented on this form for the pet presented by me. I acknowledge that all accounts must be settled at the time of service or discharge from hospital.

Signature: _____ Date: _____ Email Address: _____

Emergency Contact: _____ Phone: _____