

## Drop Off Consent Form

We have arranged for you to leave your pet here to allow us to examine your pet as soon as possible today. Pickup times cannot be guaranteed but we will remain in contact regarding your pet's care throughout the day.

Name of Pet: \_\_\_\_\_ Owner: \_\_\_\_\_

What are we seeing your pet for today? \_\_\_\_\_

When did symptoms start: \_\_\_\_\_

My pet is lethargic **(yes/no)** My is vomiting **(yes/no)** if so how many times? \_\_\_\_\_

My pet is has not eaten since \_\_\_\_\_

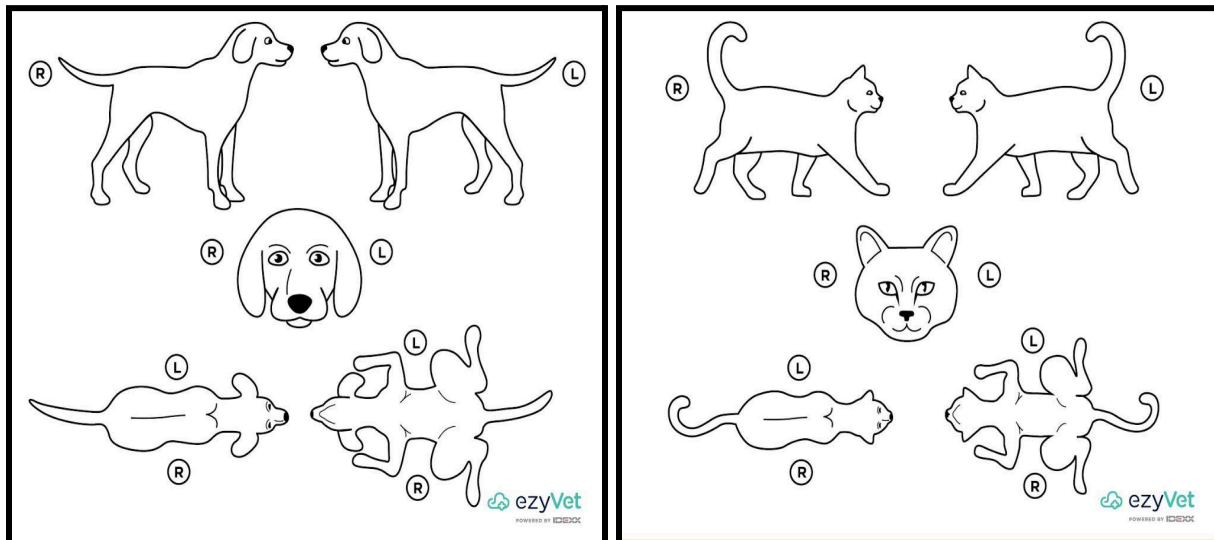
My pet seems constipated **(yes/no)** My pet is having diarrhea **(yes/no)** Consistency: \_\_\_\_\_

Has your pet had access to foods other than pet food? **(yes/no)** What? \_\_\_\_\_

My pet has lost or gained weight \_\_\_\_\_ If so how much? \_\_\_\_\_

My pet is lame, or sore, or has been injured (Which Leg? How did this happen?)

*Please describe in your own words what seems to be the problem and circle the body part on the diagram that you think is the problem. Please note any lumps, problem areas/wounds/sores below.*



**Any animal found to have fleas or ticks will be treated in office at your expense to prevent transmission to other animals.**

**TREATMENT OPTIONS – Please choose one option below**

**\*\*\*Do not initial both options\*\*\***

- I would like to be contacted after my pet has been examined to discuss recommended diagnostics and treatment, and have an initial estimate of charges. Initial: \_\_\_\_\_

**OR**

- I authorize initial diagnostics, including radiographs and blood work if indicated for my pet. (\$350-\$600) Initial: \_\_\_\_\_

I am the owner/agent for described animal and I authorize and request an examination and/or treatment for my pet. I understand that sedation and/or pain medication will be provided at my expense if deemed necessary. I authorize anesthesia, surgery, and medications if needed for abscess, laceration or other wounds if my pet is presented for one of these problems. I understand, and accept that when anesthesia is involved, there are always inherent risks, including death and these risks have been explained to me.

**I understand payment is due at time of service and that a deposit may be required after an estimate is prepared and discussed. I accept financial responsibility for charges incurred for this pet.**

At Echo Ridge Veterinary Hospital, your pet's health, safety, and comfort are our primary goals. Echo Ridge Veterinary Hospital provides the highest quality of medical and surgical services, and everything will be done to prevent possible risks. By signing this, I understand that there are risks when an animal is sick and during procedures and I will not hold any veterinarian, team member, or Echo Ridge Veterinary Hospital liable for any complications that arise. I understand the nature and purpose of the procedure(s), risks involved, and possible complications that could arise. I understand there are no guarantees of the outcome of said procedure(s). I understand that while Echo Ridge Veterinary Hospital practices quality veterinary medicine, NO procedure or hospitalization is without medical risk. No guarantees can be made legally or ethically to me if something were to go wrong.

**CPR STATUS:** *SHOULD FOR ANY REASON MY PET NEED CARDIOPULMONARY RESUSCITATION*

\_\_\_\_\_ **YES, PERFORM CPR** –(\$280/15 minutes)

I agree to pay in full for all services rendered including those deemed necessary for medical and surgical complications or other unforeseen circumstances.

\_\_\_\_\_ **NO, DO NOT RESUSCITATE (DNR)**

**ONLY MAKE MY PET COMFORTABLE UNTIL SPEAKING WITH ME OR MY EMERGENCY CONTACT.**

**\*\*\*WE MUST BE ABLE TO REACH YOU AT ALL TIMES\*\*\***

Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_

I can be reached at: \_\_\_\_\_ Alternate contact \_\_\_\_\_

***Pick up is no later than 4:30pm, if not picked up before close boarding fees will incur.***