

Drop-off Consent

Pet's Name: _____ Breed _____ Age _____ Sex _____

Owner Name: _____

Please provide a phone number that you can be contacted at during the day: _____

Please read this consent form to understand our drop-off appointment policies. Drop-off appointments are provided for usually two different reasons either for your convenience or in order to be able to see urgent appointments when we are otherwise booked with regular appointments. **Your pet will be assessed when it arrives and patients will be seen in the following order; emergencies, appointments, and then drop-offs/walk-ins** . Typically our days are very busy but we will make sure that your animal has the attention he/she needs. Sometimes this means that we will have time to assess your animal and if he/she is not in immediate danger we may not be able to call you back right away. **We will call you as soon as we can and in urgent situations where treatment or further tests are required we will call you right away. We ask that you do not continue to call back repeatedly about your animal as it slows down our ability to provide the necessary attention that our patients need.**

I am the owner/agent for described animal, authorize, and request an exam for my pet. I understand that sedation and/or pain medication will be provided if deemed reasonable. I understand Dr. Lortie will contact me after she has examined my pet to discuss recommended diagnostics and treatment, and will have an initial estimate of charges. If Dr. Lortie recommends anesthesia for my pet's problem and I agree to anesthesia, I agree that I understand the following. I hereby consent to the surgery or procedure discussed with the doctors and/or staff of the Countryside Animal Clinic, Inc. I understand that certain procedures such as general anesthesia, surgery, medical treatments, and manual restraint involve some degree of risk and that unexpected complications or death may result. **I agree to hold Countryside Animal Clinic, Inc. and its doctors and staff harmless in the event that such loss or complications occur.**

If I cannot be reached at the number provided, I authorize initial diagnostics, including radiographs, and blood work if indicated for my pet. Further, if I cannot be reached, I authorize initial treatment, including fluid support and other supportive medications be started as indicated for my pet. **Yes _____ No _____**

I understand that a deposit will be required at time of drop off. This deposit is based on the severity of my pet's condition a larger deposit may be required after an estimate is prepared and discussed. I understand that responsibility for the payment for services provided in this office, is mine due and payable at the time services are rendered unless prior financial arrangements have been made. I further understand that a finance charge of 1.5% monthly which equates to 18% interest annually will be charged to any balance over 30 days past due. Also a \$3.00 monthly billing fee will be added to accounts over 30 days past due. In the event that the account is overdue I promise to pay court costs and reasonable attorney fees in order to collect the balance.

I understand that I will be charged for flea medication and a dose will be applied if evidence of fleas is found on my pet today.

If your pet requires anesthesia as part of its treatment, although it is not required for your pet to go under anesthesia, we do recommend that your pet have pre-anesthetic bloodwork done prior to anesthesia. This bloodwork checks, kidney, liver, and blood glucose values. If there is an abnormality in the bloodwork we will notify you prior to the procedure, and we will be able to use this information to modify our anesthetic protocol to make anesthesia safer for your pet. **The cost of this service is \$35.00.** Would you like us to run pre-anesthetic bloodwork for your pet?

Yes _____ No _____

Signature: _____ Date: _____

Please see the back side for a questionnaire on your pet's condition.

Pet Drop-off Information

Everything was okay with my pet until _____ . Since then, _____

My pet is lethargic: Yes No

Water intake has decreased _____ , increased _____ ,is unchanged _____

My pet is eating: Yes No

My pet has not eaten since _____

I last offered food to my pet _____

My pet has vomited: Yes No When did it start? _____

When is the last time vomiting occurred? _____

What color is the vomit? _____

My pet has normal stools: Yes No

My pet seems constipated: Yes No

My pet started having diarrhea: Yes No If so when did it start? _____

What color? _____

What consistency? _____

What brand and variety of food(s) do you normally feed? _____

What treats or other things does your pet eat or consume? _____

Has your pet had access to foods other than its normal pet food? Yes No

If yes, please specify _____

My pet has lost _____ or gained _____ weight.

My pet has been coughing or gagging: Yes No If yes is there anything being produced? _____

My pet is sneezing or having discharge from nose or eyes: Yes No If so what color? _____

My pet is limping or has been injured: Yes No

Which leg or part of body do you think it is? _____

Please provide any other

comments: _____
