

Date: \_\_\_\_\_

## **Drop Off Consent Form**

Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

**Phone number where you can be reached today** \_\_\_\_\_

Reason for today's visit? (i.e.: vomiting, diarrhea, lethargic, vaccines, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did pet eat this morning?    Yes  No

Some pets require sedation for adequate physical exam, treatment, surgery or dentistry.

May we sedate <animal> if necessary?    Yes  No  Call first

After examination by the Doctor, may we proceed with tests and / or treatment?

Yes  No  Call first

**OWNER RELEASE:** You are to use all reasonable precaution against injury, escape, or death of <animal>.The clinic and staff will **NOT** be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that ANY problem that develops with <animal> while I'm absent will be treated as deemed appropriate by the staff veterinarians and I assume full responsibility for the treatment expense involved. If I neglect to pick up my pet within 5 days of the date below and do not notify you within that time frame you may assume that <animal> is abandoned and are hereby authorized to dispose of <animal> as you deem best and / or necessary.

OWNER/AGENT \_\_\_\_\_

**DATE** \_\_\_\_\_

"I understand that state law requires rabies vaccination for all pets. I also understand clinic policy requires Distemper vaccine for dogs and cats be current. I decline vaccination at this time because vaccinations have been given elsewhere and are current. I authorize Hanover Animal Hospital to obtain certification of vaccine status. If my pet bites another animal or person while at this veterinary clinic, I will provide written evidence of a current rabies vaccination within 24 hours of notification."

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