



DROP-OFF APPOINTMENT CONSENT

Patient Name: _____ Client Name: _____

Please describe below why your pet is checking in with us today. If your pet is ill, please list any symptoms or behavioral changes that you've noticed.

Date and Time pet last ate and drank water: _____

Is your pet on any medications? Please list medication and date and time of last dose: _____

Contact Name: _____ Phone Number: _____

You will be contacted by a veterinarian or staff member after your pet has been seen today. We will discuss a pick-up time at that point, as well as any other special instructions. Your pet will be seen as soon as possible. Please understand that we must triage all incoming patients, and cases will be handled in order of severity.

I am the owner/agent for described animal and I hereby authorize treatment for my pet. By signing this form, I acknowledge that no assurance or guarantee has been made of the results of the treatment/procedure. Concord Pike Veterinary Hospital is to use all reasonable precautions against injury or death of my pet, but will not be held liable or responsible in any matter in connection therewith as it is thoroughly understood that I assume all risks.

X

Owner/Authorized Representative & Date