



Drop off Consent Form

This information requested would tell us the things you would like for us to provide to you for your pet today. Therefore this form must be filled out, every time your pet is dropped off, to its entirety to ensure that all you request is completed.

Your Name: _____ Today's Date: _____
Pet's Name: _____
Breed: _____ Age: ____ Sex: ____ Color: _____
Address: _____
Best Contact Phone Number: _____
E-Mail: _____
Major Concerns today other than bath: _____

HAS YOUR PET BEEN MICROCHIPPED? YES / NO
WOULD YOU LIKE YOUR PET TO BE MICROCHIPPED TODAY? YES / NO

Is your pet currently on Heartworm prevention? Yes or No
Has pet had a Heartworm test in the last year? Yes or No
Is your pet currently on flea prevention? Yes or No
If parasites/fleas are seen, they will be treated at owner's expense.

Please Circle Services requested today:

- Vaccinations Heartworm Test Fecal Groom X-Rays Exam Bath
- Bloodwork Day Boarding Recheck Exam FELV/FIV test
- Deworming Therapy Observation Medicated Bath Fluid Therapy

Some pets require sedation for adequate services such as exam, bath and nail trim.
May we sedate your pet if necessary? **Yes, No, Call first before sedation.**
Owner release: Please understand declining sedation for aggressive or hard to restrain pets, Animal Care Center may not be able to complete all procedures requested today.
Client's initial _____

The clinic will not be held liable for any problems that develop provided reasonable care and precautions are followed. I assume full responsibility for the treatment expenses involved and understand that payment is expected in full upon release of my pet. If I neglect to pick up my pet and fail to contact Animal Care Center, I am aware that I will be held accordingly to all charges that incur. ALL PETS MUST BE PICKED UP BEFORE CLOSE OF BUSINESS UNLESS NOTIFIED BY THE CLINIC, OR A BOARDING CHARGE WILL BE ADDED TO THE BILL.

Owner Signature _____