

**DROP OFF CONSENT FORM**

Date \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Client# \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

**I AM DROPPING OFF MY PET TODAY FOR THE FOLLOWING:**

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

When did your pet last eat: \_\_\_\_\_

Is your pet on any medications?  Yes  No If yes please list and provide dosage and administration.

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

Does your pet have any allergies: \_\_\_\_\_

The doctor will examine your pet, and then he/she or a technician will call you with our recommendations. Do you give us the authorization to perform any of the following before calling you:

**Bloodwork:**  Yes  No  Call First **X-rays:**  Yes  No  Call First

If you do not hear from East Lake Animal Clinic by approximately 11:00 a.m., please call us. All charges shall be due when you pick up your pet.

Do we have authorization to sedate your pet if necessary?  Yes  No  Call First

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

Phone number where I can be reached today: \_\_\_\_\_

Staff Initial: \_\_\_\_\_

Please indicate the locations of the problem area on the diagrams below

