

DROP OFF TREATMENT AUTHORIZATION/INFORMATION

❖ Pet's Name: _____ Owner's Name: _____

❖ Telephone Number where we may reach you at today: _____

❖ Do you need medication refills today? _____

• Is Your cat: Indoor Only Outdoor Only Both

• Please mark and describe any of the following symptoms:

Coughing: _____

Sneezing: _____

Vomiting: _____

Diarrhea: _____

Urinary Issues: Urinating outside box?; Blood noted in urine? _____

Activity Level: Normal Increased Decreased Depressed

Appetite: Normal Increased Decreased Not Eating: _____

Last time your cat ate: _____

• Describe your concerns for your pet: _____

• How long has each symptom been a problem? _____

• Is your cat on any Medications? Have they been given consistently? And have they been given today? _____

CONSENT:

- 1) I understand that a Dr will attempt to call and discuss findings and recommended diagnostics and treatments after an exam on my pet. Should I be unreachable for an extended length of time, the Drs may have to proceed with what is medically beneficial for my pet and the time allotted in the day and I will be financially responsible.
- 2) I understand that conditions may arise during the procedure whereby a different or additional procedure may need to be performed, and I authorize my veterinarian to do what he/she feels is necessary and in the best interest of my pet.
- 3) I understand that there may be cases where a pet becomes anxious for an exam or procedures, and for the safety of my pet and staff, a light, inhaled anesthetic may need to be used for sedation.
- 4) I understand the nature of the procedure and the risks involved. I understand that complications including but not limited to infection, cardiac arrest, and death could result. I acknowledge that no guarantee has been made as to result or cure.
- 5) I understand as a drop off patient, I may not meet with the Dr, but my pet will have a complete exam, medical evaluation and recommendations done by a Dr.

Owner's Signature

Date: