

Companion Animal Hospital

DROP OFF CONSENT FOR ROUTINE VACCINATIONS

TODAY'S DATE: _____

YOUR NAME: _____ PET'S NAME: _____

EMERGENCY NUMBER (WHERE YOU CAN BE REACHED): _____

Your pet will receive a brief exam (\$15.00) as well as the following vaccinations:

Canine (check all that apply):

- DA2P (1 year) DAP (3 year) Parvo Bordetella Lyme Rabies

Feline (check all that apply):

- FVRCP FELV FIP Rabies

Would you like, while your pet is here, to have:

- Nail Trim Anal Glands Expressed Fecal Exam Microchip implanted Ears Cleaned Tech Bath

Is your pet experiencing any of the following? (check all that apply)

- Vomiting Diarrhea Constipation Coughing Sneezing Excessive Urination
 Infrequent Urination Increased water consumption Decreased Appetite Itching
 Discharge from eyes/nose Limping

Please provide more information on the items checked including duration: _____

If there is a health issue that we need to address the charge will be for a full exam (\$40.00) instead of the brief exam. You will be contacted at the telephone number that you provided.

If your pet is being professionally groomed today please provide instructions as to how you wish your pet to be groomed:

Upon grooming your pet the groomer may notice a health issue that a doctor needs to address. You will be contacted at the number provided to authorize further treatment.

By signing below you authorize Companion Animal Hospital to care for your pet during his/her stay with us. You accept financial responsibility for any and all charges incurred during his/her stay. You understand that a deposit of half of the estimated treatment plan may be due upon admitting your pet with the balance due at the time of release.

Signature

Admitting receptionist