

## Drop Off Form/Consent to Treat at Pine Street Animal Hospital

Owner Name : <first-name> <last-name>

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

Patient Name : <animal>

Account: <number>

Are Vaccinations current? Y N      Vaccines to be given today \_\_\_\_\_

**Procedures needed today:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Medications/Dosages: \_\_\_\_\_

\_\_\_\_\_

Does your pet have any known medication allergies? \_\_\_\_\_

**To prevent hospital infestation, any pet found to have fleas/ticks while hospitalized will be treated at the owner's expense.** Current flea medication \_\_\_\_\_ date last given \_\_\_\_\_

I am the owner of the patient identified above and am 18 years of age or older.

I authorize Pine Street Animal Hospital to examine and treat my pet.

**Owner Consent:** After examination by the doctor, may we proceed with tests and or treatment?

\_\_\_\_\_ Yes, please do necessary diagnostics and/or treat my pet as required, you need not call me.

\_\_\_\_\_ Do not perform any diagnostic tests and/or treatments until I am notified.

**NOTE:** In the event of a life-threatening **Emergency**, should PSAH be unable to reach you in order to make a decision in the care of your pet, the doctors will do what is necessary to save your pet. In this event, you will be responsible for all charges for emergency services rendered for your pet.

Pine Street Animal Hospital will assume abandonment if your pet is not picked up within 5 days of the date above. Failure to notify us by that date will leave us no choice but to contact the local animal control authorities. This could result in legal action against you for the crime of animal cruelty.

I understand that veterinary medicine is not an exact science and that no guarantee regarding results or success of treatment can be made. Pine Street Animal Hospital will not be held liable under any circumstance as it is thoroughly understood that I assume all risks. **I have read the forgoing and agree and acknowledge that I have read this document in its entirety.**

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency contact number \_\_\_\_\_