

**Drop Off Consent Form****PAWS & CLAWS VETERINARY HOSPITAL**

The information you are providing is important to us. We strive to offer excellent veterinary care while honoring your requests, as well as to keep in touch with you while at work to discuss your pet's needs.

OWNER'S NAME _____	
PHONE NUMBER(S) TO CONTACT YOU: (circle one) 1 <sup>ST</sup> _____ (cell/work/home)	
2 <sup>ND</sup> _____ (cell/work/home)	
MAY WE CONTACT YOU VIA TEXT MESSAGE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
1 <sup>ST</sup> PET'S NAME _____	2nd PET'S NAME _____

Please fill out the section below and check the appropriate option(s)

My pet's problem(s) are:		
<input type="radio"/> I feel this is an emergency!	Sick for _____ days	Last meal
<input type="radio"/> My Pet has reaction(s) to: (Please indicate type of vaccination or medication)		
<input type="radio"/> Vaccination	<input type="radio"/> Medications	<input type="radio"/> Other
Current medication/supplements: <i>(including heartworm/flea/tick prevention)</i>	Amount given:	What time/how often:

- **All animals which lack a current rabies vaccination or official proof of rabies will be vaccinated today.**
  - To protect all patients from fleas and ticks, **we will treat all pets with visible fleas and/or ticks at owners' expense.**
  - All charges for your pet's services must **be paid in full** at the time of pick up.
  - **Pick up is customarily between 4:30 and 5:45,** unless you receive different instructions.
- Examine my pet and call me** thereafter to discuss my options and/or expenses.
- Examine my pet and perform all necessary services** to diagnose and treat my pet.

**SEE BACK OF FORM →**

