

# Drop Off Consent Form

Date \_\_\_\_\_ Pet's Name \_\_\_\_\_ Owner's Name \_\_\_\_\_

Phone number in case of emergency \_\_\_\_\_ Has your pet eaten today? \_\_\_\_\_

Medications the pet is currently on \_\_\_\_\_ Last time given \_\_\_\_\_

**All drop off appointments include a general exam (\$65.00) and a drop off fee (\$25.00).**

**Additional charges may occur due to prescribed medications and/or treatments.**

**Option for the care of your pet:**

	Yes, please complete without calling	Call First	No, N/A
Comprehensive Blood Panel (\$110.00)	( )	( )	( )
Complete Blood Count (\$62.00)	( )	( )	( )
Urinalysis (\$52-\$62)	( )	( )	( )
Thyroid Test – T4 (\$50.00)	( )	( )	( )
Heartworm, Lyme, Ehrlichia, Anaplasma Test (\$55.00)	( )	( )	( )
Feline Leukemia, FIV (\$33.00)	( )	( )	( )
Sedation (\$52.00 - \$66.50)	( )	( )	( )
Radiographs (\$109.00- \$170.00)	( )	( )	( )
Wound Care (starting at \$40.00 and up)	( )	( )	( )
Ear Cytology (\$30.00)	( )	( )	( )
Acupuncture (First time - \$110/Follow Up - \$70)	( )	( )	( )
Other _____	( )	( )	( )

\*\*\*\*ALL ANIMALS MUST BE CURRENT ON THEIR RABIES VACCINATION. \*\*\*\*

\*\*\*\* IF YOUR PET HAS FLEAS, PLEASE TELL US NOW. ANY ANIMAL FOUND TO HAVE FLEAS WILL BE TREATED AT THE OWNER'S EXPENSE. \*\*\*\*

As the owner or agent of the owner of the above animal, I hereby give my consent to Lee Veterinary Clinic, P.C. to perform the above procedures. I understand that during the performance of this procedure, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth above. I expect the Lee Veterinary Clinic to use reasonable care and judgment in performing the procedure(s). The nature of the procedure, and risks involved have been explained to me and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding the animal.

\_\_\_\_\_  
(Signature of Owner/Agent)