

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 (\$62.00) and a drop off fee (\$22.00).

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 (\$104.50)	()	()	()
Complete Blood Count (\$61.00)	()	()	()
Urinalysis (\$51-\$61)	()	()	()
Thyroid Test – T4 (\$49.50)	()	()	()
Heartworm, Lyme, Ehrlichia, Anaplasma Test (\$55.00)	()	()	()
Feline Leukemia, FIV (\$33.00)	()	()	()
Sedation (\$49.50 - \$63.00)	()	()	()
Radiographs (\$107.50 - \$167.50)	()	()	()
Wound Care (starting at \$37.50 and up)	()	()	()
Ear Cytology (\$30.00)	()	()	()
Acupuncture (First time - \$109/Follow Up - \$67)	()	()	()
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)