

Checked In By: _____

HILLSIDE VETERINARY HOSPITAL

Scanned Attached

191 Augustine Avenue
Charles Town, WV 25414
(304) 728-2203

Drop Off Consent Form

<u>Client Name:</u>		<u>Name:</u>	
<u>Address:</u>		<u>Species:</u>	
		<u>Breed:</u>	
		<u>Sex:</u>	
<u>Telephone:</u>		<u>Color:</u>	
<u>Email:</u>		<u>Birth Date:</u>	

What is the main reason for you pet's visit today? Please provide as much detail as possible:

How long has this problem been going on? _____ Has it gotten better/worse? _____

Have you provided any treatment(s) at home? _____

Has your pet ever had a reaction to any med(s)? _____

Is your pet on Heartworm and/or Flea/Tick medication? _____ What kind? _____

What brand of food does your pet eat? _____ How much? _____

Please check any symptoms your pet is experiencing:

- Vomiting Shaking Head Scratching (where?) _____
- Diarrhea Constipation Limping (which leg?) _____
- Coughing Blood in stool Lump(s) - location _____
- Sneezing Lack of appetite Seizures Lethargic
- Increased drinking Increased urination

Cats: Indoor Only Outdoor Only Indoor/Outdoor

In order to assist your pet as quickly as possible, do you give permission to do the following (if deemed necessary by the Veterinarian?)

- Labwork X-rays Sedation/Anesthesia Other: _____

Please indicate if/which vaccinations/tests, or services, you would like us to perform today:

<u>Cats:</u>	<u>Dogs:</u>	<u>Other:</u>
<input type="checkbox"/> Rabies vacc \$25	<input type="checkbox"/> Rabies \$25 <input type="checkbox"/> DHPP \$20-\$26 <input type="checkbox"/> Lyme \$31	<input type="checkbox"/> Anal Sac Expression \$18
<input type="checkbox"/> 4in1/FVRCP vacc \$20-\$26	<input type="checkbox"/> Bordetella \$24 <input type="checkbox"/> Canine Influenza \$52	<input type="checkbox"/> Nail Trim \$12
<input type="checkbox"/> Leukemia vacc \$28	<input type="checkbox"/> Leptospirosis vaccine \$25	
<input type="checkbox"/> Leukemia/FIV test \$50	<input type="checkbox"/> Heartworm/Lyme/Ehrlichia/Anaplasma test	

If declining vaccinations today: WV state law requires a current Rabies vaccination on all pets.

I attest that my pet is current on its vaccinations, including Rabies, and should my pet bite a person, or another animal, while at Hillside Veterinary Hospital, I can and will provide proof of a current Rabies vaccine within 24 hrs.

Owner/agent: _____ **Date:** _____

AUTHORIZATION: I verify I am the owner (or Authorized agent) of the above named pet and authorize the above procedure to be performed. I agree to be responsible for any charges incurred while my pet is in the care of this facility and understand payment is due at the time my pet is released from the hospital. I understand no staff will be attending to my pet if it stays overnight (pets needing special care may be referred to a 24 hour hospital).

Owner Signature: _____ Date: _____

Phone Number where we can reach you today: _____ May we text? _____

<u>Any meds your pet is on?</u> _____	<u>Last dose:</u> _____
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