



PATIENT EXAMINATION DROP OFF CONSENT

_____ (date)

Pet's Name: _____ Owner's Name: _____

Breed/Color/Sex/Age: _____

Reason for visit: _____

Please provide a more detailed description as to the reason for your pet's visit on the back of this form -----
→

Services to be provided today:

If my pet is prescribed oral medication to be given at home, I would prefer: Pills Liquid

OWNER RELEASE - COMPLETE IN FULL BELOW

I request and authorize that the veterinarians, agents and employees of Sam Bass Veterinary Wellness & CTCH to perform an examination as well as the above services/procedures on the pet specified on this form.

In the event that sedation/anesthesia is required to complete exam and above services/procedures:

- I understand there are potential risks and accept these risks. Please proceed.
- I want to discuss this with a SBVW staff member prior to drop off completion today.**

After examination and completion of said procedures above:

I authorize the veterinarians on duty (and the assistants they designate) to proceed with further diagnostic testing and to administer medical treatment as deemed necessary from exam findings. I understand these additional procedures will be at an additional cost.

OR

I approve only the estimated costs and procedures provided to me upon drop off but understand the Doctor will call with any treatment changes.

I understand that blood work is not optional and will be performed on ALL anesthetic cases at the doctor's discretion.

In case of an emergency, I hereby consent to and authorize the performance of such procedures(s) as are necessary and desirable in the exercise of the veterinarian's professional judgement to preserve the quality of life for my pet.

I understand that no guarantee of successful treatment has been made as to the results that may be obtained through the course of treatment undertaken by the veterinarians, agent or employees of Sam Bass Veterinary Wellness & CTCH. I certify that I understand this release and will assume full financial responsibility of all charges.

All pets staying with SBVW will be checked for fleas and if positive, shall receive a Capstar. Cost of this treatment is \$15.

In order to reduce stress and minimize bacterial infection during blood draws and catheter placement, we may need to shave a small patch of fur from your pet's leg and/or neck. Please let the receptionist know if there is a reason that this needs to be avoided.

I am the owner or agent for the owner of the animal(s) described on this form and have the authority to execute this consent.

NAME: _____ Owner's Signature: _____ Date: _____

Contact phone #1: _____ Contact phone #2: _____

Date: _____ Pet's Name: _____ Owner: _____ Reason: _____

Please provide a more detailed description of the reason for your pet's visit:

Current Medications: (Name, Dose, How often and last time given)

Flea Prevention? N Y(name, dose, how often, and last time given)
 Heartworm Prevention? N Y(name, dose, how often, and last time given)

FOOD: Dry: Brand: How much? How often? Or Free Feed

Canned: Brand: How much? How often? Or Free Feed

HABITAT: INDOOR OUTDOOR BOTH Other cats? Dogs?

Has there been a change in...?	NO CHANGE	INCREASE	DECREASE	When did change start?	Details
Appetite					
Drinking					
Activity					
Urination					
Defecation					

OTHER SYMPTOMS:	NO	YES	DETAILS
Coughing, Sneezing, Trouble Breathing, Panting			
Nasal/Eye discharge			
Vomiting			
Itching, Hair loss/dry skin Change in grooming, Fleas/Ticks			
Lumps or bumps			
Limping/lameness/ difficult jumping			
Change in behavior, hiding, increased vocalization			

Additional Notes: