



Patient Drop Off Consent Form

Owner _____ Patient _____

Phone _____ Emergency Contact _____

I, _____, the owner or duly authorized agent of _____ hereby understand, consent, and authorize the drop off and examination of patient listed above.

Reason for drop off/examination: _____

Date of last vaccinations? _____

Is the pet to be dropped off on any medication(s) -- including monthly preventatives? Yes* / No
*If Yes, please list the medication(s) and date(s) last given:

All drop-offs for routine treatments will need to pay the total amount of the estimate before dropping off.

Pre-Payment Waived per Dr. Griffith's Consent

All drop-offs for sick animals will need to leave a \$200 deposit.

Cash Check #

Credit Card _____ Exp. Date _____

Deposit Waived per Dr. Griffith's Consent

* A \$12.00 De-flea charge will be added to any patient found with fleas for the safety and sanitation of the hospital facility.

I, the undersigned, assume financial responsibility for all charges incurred, and agree to pay all such charges at the time these services are rendered or arranged prior to examination and / or treatment.

Signature _____ Date _____