

Steamboat Animal Hospital Drop Off Form

Parking

DATE: _____

OWNER: _____ first and last

PET: _____

Contact Person:	Phone #			
1st _____	_____	Home	Work	Cell
2nd _____	_____	Home	Work	Cell

*****PLEASE READ AND INITIAL***** Today's appointment will be considered a drop-off appointment. You will leave your pet with us today for an undetermined amount of time. Once your Doctor team gets a chance to examine your pet they will be contacting you to discuss their care and recommendations. You may go about your day as usual but please be available by phone. There are no standard discharge times for drop-off appointments but pick up will be before the end of business today.

Owner's initials _____

Reason for visit: Please list ALL concerns owner has:

When were symptoms first noticed, and how often?

Please list any medications pet is taking and time of last dose:

Please select one of the following options:

_____ **YES** – You give permission to the doctor to perform further tests/treatments up to a price of your choosing. If this price is reached, the doctor will not move forward without your consent. \$ _____

_____ **NO** –Please **call** before doing anything other than the physical exam. **Please be available to take calls as the doctor cannot move forward without consent.**

Owner's Release:

*I understand the noted anesthetic, surgical, diagnostic or therapeutic procedures may involve risk of complication, injury or even death. I authorize the hospital staff in an emergency situation, to follow through with such procedures as are necessary for the well being of my pet. I agree to assume financial responsibility for all routine and emergency services rendered. **Your signature below indicates that you agree to statements above. You understand that payment for service is due at the end of your visit and you authorize consent to the procedures and administration of anesthesia.***

Animal Name _____ Owner _____

Anesthesia Consent:

*I, the undersigned, do hereby certify that I am the owner or fully authorized agent for the owner of the animal described above and have the authority to execute this consent. I hereby authorize the performance of professional accepted general anesthetic procedures necessary for its treatment. I understand that support personnel will be used as deemed necessary by the veterinarian. I have been advised as to the nature of the procedures and the risks involved in performing general anesthesia to the above animal. I realize that results cannot be guaranteed. **I have read and understand this authorization and consent. I further understand that I assume financial responsibility for all services rendered.***

Date _____ Owner Signature _____