



**Due to the current COVID recommendations, we have elected to use this form to streamline the drop-off process. Please complete this form and let us know when you are ready for a staff member to come out to get your pet by calling (919) 489-9194. Thank you for your patience.**

Date: \_\_\_\_\_ Client: \_\_\_\_\_ Patient: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_  Text  Call

**Being responsible for the above-described animal, I have the authority to grant you my consent to receive, prescribe for, treat and/or operate on my pet.**

**I authorize the personnel of Cornwallis Road Animal Hospital to:**

**Perform bloodwork as recommended for my pet**  Accept  Decline

**Give medication in the hospital and prescribe for home use if needed for my pet**

Accept

Decline

**Use fluid therapy for my pet if needed as determined by the doctor**

Accept

Decline

**Update annual vaccinations or recommended diagnostic test; e.g., heartworm, medication rechecks, Feline Leukemia testing**

Accept

Decline

**What do you feed your pet and when was it last fed?**

**Please list the concerns and reasons why we are seeing your pet today** \_\_\_\_\_

**List of current medications your pet is taking:**

**When was the last dose of each medication?**

**Are there any additional concerns you would like for us to address during this visit today?**

**I understand that Cornwallis Road Animal Hospital is not staffed overnight and I accept any risks incurred by leaving my animal overnight unattended. I understand that I have the option to transport my animal to an overnight/24 hour facility if I so desire.**

Initial Here \_\_\_\_\_

**I understand a written estimate for these services will be made available upon my request.**

Initial Here \_\_\_\_\_

**In an effort to maintain a flea-free hospital, if fleas are found on my pet upon admittance to Cornwallis Road Animal Hospital, I agree to treatment with an appropriate oral or topical flea treatment to prevent spread of those parasite to other hospitalized patients. I understand I will be charged for this treatment.**

Initial Here \_\_\_\_\_

**I understand that Cornwallis Road Animal Hospital is not responsible for personal belongings that are left with your pet. We do provide towels and blankets in the cages where all patients are kept.**

Initial Here \_\_\_\_\_

**While I accept that all procedures will be performed to the best of the abilities of the hospital's staff, I understand that no guarantee has been made regarding the results that may be achieved. I agree to assume financial responsibility and provide payment at the time that services are rendered.**

**CLIENT SIGNATURE:**

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**Owner/Responsible Party Signature**

**Date**