

Drop Off Consent Form

Pet Name: _____ Owner: _____ Acct: _____

Reason for visit:

Coughing/Sneezing?: _____ Vomiting/Diarrhea?: _____

Any known allergies? _____ History of Seizures? _____

Current Medication: _____

Health Screen/Blood work: DECLINE / APPROVE

3 Types of blood test we offer:

CBC- Checks for low red blood cells (anemia) infection or low clotting cells which can lead to excess bleeding during surgery.

SMALL CHEMISTRY- A basic chemistry to check kidney and liver function and diabetes.

FULL CHEMISTRY- A small chemistry panel plus more detailed test to check early kidney disease and electrolytes.

Radiographs/X-rays: DECLINE / APPROVE

These are performed to look for abnormalities in the heart and lungs. Examples: fluid build up, bladder stones, kidney stones.

EKG: DECLINE / APPROVE

This is a test to check for electrical activity of the heart. It can detect abnormal heart rhythms and abnormal heart structures. These can be an underlying cause of serious illness or death.

Phone: (____) _____

Signature: _____

Date: ___/___/___