



Drop-Off & General Consent Form

Sanford Animal Hospital • 919-775-7945
200 Seawell St • Sanford, NC 27332

Patient: _____ **Owner Name:** _____

Reason for Visit: _____

Please elaborate on any symptoms below that your pet is exhibiting:

What is your pet's diet (dry/wet, brand, daily amount and frequency)? _____

Does your pet live: Indoor Only Outdoor Only Indoor and Outdoor

Please list the name and doses of any medications your pet is on (including flea/tick/heartworm medications):

PLEASE CHOOSE ONLY ONE TO AUTHORIZE:

I authorize the attending veterinarian to perform any procedures deemed necessary while my pet is here. I am aware that I will be responsible for any and all costs which will be due at discharge. **OWNER/AGENT INITIALS** _____

I authorize the attending veterinarian to perform any procedures deemed necessary up to \$ _____. Anything beyond this cost please contact me to discuss treatment and further costs. **OWNER/AGENT INITIALS** _____

Please contact me with a medical treatment plan **before** proceeding with any treatment not already discussed. If I am not available, do not proceed. I understand this may mean I need to bring my pet back at another time for diagnosis and treatment. **OWNER/AGENT INITIALS** _____

In the event of cardiopulmonary arrest (loss of heartbeat and breathing), I understand that I will be contacted to discuss options of Kami's care. Until I can be reached, I authorize the following (PLEASE SELECT ONE):

CPR (CARDIOPULMONARY RESUSCITATION) -- OWNER/AGENT SIGNATURE: _____

DNR (DO NOT RESUSCITATE) Resuscitation efforts should NOT be made. -- OWNER/AGENT SIGNATURE: _____

As the owner (or authorized agent for the owner) of Kami, I do hereby consent and grant the veterinarians of Sanford Animal Hospital and all of their employees, agents, servants, and/or representatives (collectively, the "Hospital") full and complete authority to perform the procedures and treatments described above and to perform any other procedure or treatment that, at the attending veterinarian's discretion, may be deemed medically necessary for Kami, and I do hereby forever release and discharge the Hospital from any and all liability arising from such procedures and treatments.

I understand that patients will only be discharged during regular business hours and all fees associated with the above authorized care are expected to be paid in full at that time. If I neglect to pick up my animal within five (5) business days of written notice that it is ready for release, you may assume that my animal has been abandoned. I further realize that in the event I fail to pay any of the fees associated with the care of Kami, I will be liable for the costs of collection of this debt, including court costs and attorney fees.

I accept and agree to the terms above:

Signature: _____

Date: _____

Print Name: _____

Tel # Today: _____