



Patient Drop-Off Form

Date In: _____

Owner: _____ Pet Name: _____

Preferred Contact: Call Text Numbers - AM: _____ PM: _____

Emergency Contact, if applicable: _____ Their Number: _____

Reason for visit/Notes: _____

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Sedation:

Some pets who are fearful or stressed during may not allow us to safely groom or examine them. In such a case, if unreachable, the staff (**INITIAL:**) **DOES** or **DOES NOT** have permission to sedate my animal in order to proceed with the services.

Emergencies:

I understand that in the event of an emergency, *East Riverside Veterinary Hospital* will try to contact the owner/agent responsible for making decisions. However, if unreachable, the staff (**INITIAL:**) **DOES** or **DOES NOT** have my permission to make any life-saving decisions required and I agree to be financially responsible for them.

Pet Pick Up:

I understand that my pet is being accommodated between scheduled procedures and appointments today, and understand that I may receive a call from the doctor as late as closing time. (Weekdays: 8pm, Weekends: 5pm) **INITIAL:**

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Admission Requirements:

- All animals must be **FREE** of fleas. **If fleas are found, we will administer an appropriate flea product at the owner's expense.** (If you have a preference of product, please let us know.)
 - All animals must be current on their vaccines. Delay of vaccine administration for medical reasons may be allowed if arrangements are made.
 - We will make every effort to return all belongings in the condition they were dropped off, however *ERVH* is **not responsible for damages caused by laundry equipment or your pet.**
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I state that I am 18 years or older and have the authority to make the above decisions regarding this pet. I grant *East Riverside Veterinary Hospital* permission to post my pet's picture, story and medical information on social media. I am also financially responsible for services rendered due at the time for discharge. I have also been given a price quote if requested. **INITIAL:**

Furthermore, I understand that during the performance of the procedure(s) that I have authorized, unforeseen conditions may arise. Therefore, I hereby consent to and authorize the performance of such procedures as are necessary in the exercise of the veterinarian's professional judgment. I also do hereby acknowledge that I understand that there are no guarantees either expressed or implied that the procedures authorized will be without complications for unexpected events beyond the veterinarians and hospital's control.

X _____ **Date:** _____

Signature of Owner/Agent