## Please Read and Completely Fill Out



## Non-Surgical Dropoff Form

Owner	Name of Pet
Phone # where you can be reached	Reason for Visit
Describe Symptoms	
understand that during the performance of the treatment(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 treatments authorized will be without complications from unexpected events beyond the veterinarian's and center's control.	
I acknowledge that if this pet has excessive fleas or ticks, treatment will be administered at an additional expense.	
I authorize the examination and treatment of the pet(s) and am financially responsible for any expenses incurred, whether or not I am the pet's owner. Deposit may be required with payment arrangement made prior to surgery or hospitalization. PAYMENT IS EXPECTED UPON COMPLETION OF THE VISIT/ TREATMENT/SURGERY.	
Signature	Date
Other Offerings	
□ Nail Trim - (\$10) □ Microchip - implanted identifier helps track your animal should it become missing (\$25) □ Blood panel - checks liver, kidney and other organ functions (\$68)	