

# PATIENT EXAMINATION DROP OFF CONSENT

\_\_\_\_\_ (date)

Pet's Name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Breed/Color/Sex/Age: \_\_\_\_\_

Services to be provided today:

If my pet is prescribed oral medication to be given at home, I would prefer:  Pills  Liquid

## OWNER RELEASE - COMPLETE IN FULL BELOW

I request and authorize the veterinarians, agents and employees of Liberty Hill Veterinary Wellness to perform an examination as well as the above services/procedures on the pet specified on this form.

### In the event that sedation/anesthesia is required to complete exam and above services/procedures:

I understand there are potential risks and accept these risks. Please proceed.

I want to discuss this with a LHVW staff member prior to drop off completion today.

### After examination and completion of said procedures above:

I authorize the veterinarians on duty (and the assistants they designate) to proceed with further diagnostic testing and to administer medical treatment as deemed necessary from exam findings. I understand these additional procedures will be at an additional cost.

OR

I approve only the estimated costs and procedures provided to me upon drop off but understand the Doctor will call with any treatment changes.

### We cannot foresee all problems that arise during surgery, so we ask that you check one of the following:

\_\_\_\_\_ Perform whatever procedures are needed

\_\_\_\_\_ Please call me with an estimate if any additional procedures are needed.

I will be available at the following number \_\_\_\_\_

### If for some reason I am not available when you call, please:

\_\_\_\_\_ Perform whatever procedures are as needed **Cardiopulmonary Resuscitation \$321.67**

\_\_\_\_\_ Do only what I have authorized. I understand that if new circumstances arise that my pet may need to undergo another anesthetic procedure to complete treatment.

I understand that blood work is not optional and will be performed on ALL anesthetic cases at the doctor's discretion. In case of an emergency, I hereby consent to and authorize the performance of such procedures(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment to preserve the quality of life for my pet.

I understand that no guarantee of successful treatment has been made as to the results that may be obtained through the course of treatment undertaken by the veterinarians, agents or employees of Liberty Hill Veterinary Wellness. I certify that I understand this release and will assume full financial responsibility of all charges. All pets staying with LHVW will be checked for fleas and if positive, shall receive a Capstar. Cost of this treatment is \$20.

In order to reduce stress and minimize bacterial infection during blood draws and catheter placement, we may need to shave a small patch of fur from your pet's leg and/or neck. Please let the receptionist know if there is a reason that this needs to be avoided.

I am the owner or agent for the owner of the animal(s) described on this form and have the authority to execute this consent

Signature of Owner: \_\_\_\_\_