

Coastal Carolina Animal Hospital
5650 Carolina Beach Road
Wilmington, NC 28412

Drop Off Care Consent Form

Client First & Last Name: _____

Patient Name: _____

I, the owner of the patient listed above consent to the following procedures to be performed on my pet while in the hospital today, in addition to the physical examination (please check one or more) :

- Required Vaccinations Blood Panel Radiographs Ear Cleaning
 Sedation (only if needed) Fecal Exam Urinalysis Nail Trim
 Anal Glad Expression Wound Care

Please explain in detail what the patient is being seen for today and what your pet's current symptoms are (if any):

Pretreat for Vaccinations:

If your pet has had a reaction to vaccinations in the past, we will pretreat your pet today before administering the required vaccinations.

Sedation Consent:

Your pet may need an anesthetic to perform an evaluation today. Please read the following carefully.

I understand that some risks always exist with sedation and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) are started.

I understand that the attending veterinarian will make every effort to contact me regarding treatment in the case of unforeseen emergencies. If unable to contact me, the staff may or may not have my permission to proceed with life sustaining procedures.

I give my permission [yes]: **I do not give my permission [no]:**

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved.

I also assume full responsibility for any additional expenses incurred after the examination is performed.

I have read and fully understand the terms and conditions set forth above.

Signature of Owner: _____ Date: _____

Phone number(s) at which owner can be reached today: _____