

University Pet Clinic

DROP-OFF EXAMINATION AUTHORIZATION FORM

Owner Name: _____ Pet: _____

Date: _____ Phone #(s) client can be reached at: _____

 Reason for Examination: _____

 Any important information we should be aware of: _____

ADDITIONAL SERVICES REQUESTED BY OWNER: ***Ask us for current pricing***

- | | |
|---|---|
| <input type="radio"/> Examination | <input type="radio"/> Anal Glands Expressed |
| <input type="radio"/> Update Vaccines | <input type="radio"/> Microchip |
| <input type="radio"/> Nail Trim | <input type="radio"/> Ear Cleaning |
| <input type="radio"/> Fecal Sample Testing | <input type="radio"/> Other _____ |
| <input type="radio"/> Heartworm Test (<i>ask for Special pricing</i>) | |

- I understand there will be a minimum of the **Physical Examination Fee & an additional \$17 Wardcare Fee.** **These fees do not include any further diagnostic testing, treatments, procedures, hospitalization/nursing care fees, medications or supplies recommended by the doctor.*

**** FOR THE SAFETY OF OUR TEAM & YOUR PET, WE REQUIRE PROOF OF A CURRENT RABIES VACCINATION AT THE TIME YOUR PET IS ADMITTED. ****

If your pet's Rabies vaccine is past due OR proof cannot be provided at the time your pet is being admitted here, we are required to provide an exam (\$22-\$45) and administer a Rabies vaccine (\$17). *I understand I am responsible for these expenses.*

Owner/Caregiver Initials: _____

- I understand that unforeseen conditions may be revealed during my pet's visit that may require additional or alternative operations, procedures, diagnostic testing, or medications. In the event my pet requires an emergency procedure, I understand that it is not always possible for the veterinarian to call me during surgery or emergency procedures due to time restraints and safety factors using anesthesia or sedation or life-saving procedures, I authorize the performance of such operations or procedures as are necessary, and desirable in the exercise of the veterinarian's professional judgment. I have been advised as to the nature of the procedures or operations and the risks involved. I realize that results cannot be guaranteed.
- I understand that I am responsible for the additional costs of these diagnostics, treatments, procedures, medication and supplies.
- I understand that payment in full is due at time of my pet's discharge.
- I understand there will be a fee for my pet staying at University Pet Clinic for any amount of time.
- I have read and understand this authorization and consent.
- There will not be trained personnel on premises, to care for pets, after hours.
- I consent to my pet's images to be used for social media or marketing by University Pet Clinic.

Authorized Signature: _____ Date: _____