

DROP OFF ADMISSION / CONSENT FORM
COBBS FORD PET HEALTH CENTER, P.C.

Date:

Owner:

Street:

Phone:

Pet:

Species:

Breed:

Gender:

Color:

The information requested below will tell us the things you want us to do for _____.
(Pet)

It is the only way we can be certain that we understand what you want. Therefore, it is very important for you to be as specific as possible.

If we need additional information, we will try to reach you at the phone number where you can be reached today _____ or _____.
(Primary Phone Number) (Alternate Phone Number)

I would prefer an estimate of any treatment prior to the procedure(s) being done:

YES

NO

Please describe the problems _____ is experiencing and/or the treatments to be performed today: _____
(Pet)

Any specific history we need to know about? _____

PICK UP DATE _____ AND TIME _____ AM or PM

OWNER'S RELEASE:

You are to use all reasonable precaution against injury, escape, or death of _____
(Pet)

The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed.

I understand any problem that develops with _____ while I'm absent will be treated as deemed best by the staff veterinarians and I assume full responsibility for the treatment expense involved.

If you can not pick up your pet, we must have authorization to release your pet to another person!

I authorize _____ to pick up _____
for me in my absence. (Pet)

Signed _____

Staff Initials _____

