

**Oaklawn Animal Hospital
655 Oaklawn Ave
Cranston RI 02920
401-943-0500**

Client _____ **Patient** _____ **Date** _____

Drop Off Consent Form

Dog___ **Cat**___ **Age**_____ **Sex**___ **Spayed/ Neutered**_____

- 1) What is the problem that we are seeing your pet for today? _____

- 2) How long has your pet been experiencing this problem? _____

- 3) What symptoms has your pet been experiencing? _____

- 4) When did your pet last eat? _____
- 5) Is your pet on any medications? _____ if so, please list and what medications has your pet had today?

- 6) Is your pet current on all vaccinations at this time? Yes___ No___, if no, would you like us to update them today, if possible? Yes ___ No _____
- 7) If your pet is not up to date on vaccinations, when and where was your pet was last vaccinated?

To determine a diagnosis and begin treatment of an ill animal, certain laboratory testing or radiographs may be required. The doctor will call you to discuss these procedures and cost. In the event of a life threatening condition, we will make every attempt to stabilize your pet and notify you as soon as possible.

Yes___ I authorize Oaklawn Animal Hospital to do laboratory testing on my pet (blood work, urinalysis, fecal, etc.).

No___ I do not wish to have any laboratory testing done on my pet at this time.

Yes___ I authorize Oaklawn Animal Hospital to take any radiographs on my pet.

No___ I do not wish to have any radiographs taken on my pet at this time.

Form continues on back

Your pet will be checked for fleas while here. For the protection of all pets in hospital if your pet has fleas he/she will be treated with Capstar. Capstar is a fast acting flea treatment that will not interfere with any other flea treatment you may be using. There will be an additional charge of \$3.00 if your pet is treated.

I, the undersigned owner or agent of the pet named above, certify that I am 18 years of age or older and authorize the veterinarians of Oaklawn Animal Hospital to treat or perform needed procedures on my animal. You are to use all reasonable precautions against pain, injury, or escape of my animal. You will not be held liable or responsible in any manner for unforeseen incidents or accidents caused by the care, treatment, or safekeeping of my pet, as it is thoroughly understood that I assume all risks.

Financial responsibilities for services are rendered at the time of discharge.

I also understand that Oaklawn Animal Hospital is not staffed 24 hours a day and after hour treatments of patients is at the discretion of the veterinarian.

**** Please list the phone number(s) that will allow us to contact you while your pet is being treated****

Phone number _____ Name _____

Phone number _____ Name _____

Signature _____ Date _____