

**Double Churches Animal Clinic, P.C.**

8365 Whitesville Rd  
Columbus, Ga. 31904  
(706)322-3232

www.doublechurchesanimalclinic.com

**Standard Consent/Drop Off Form  
Other Services**

Client ID:  
Client Name:  
Address:

Patient ID:  
Name:  
Species:  
Breed:  
Sex:  
Color:  
Markings:  
Birth Date:

Telephone:

**I hereby certify that I am the owner of the above-named animal or am responsible for it and have the authority to execute this consent; I am 18 years of age or older.**

**GROOMING:**

**Please check the following services your pet is to receive today:**

- Nail Trim**
- Dremmel Nails**
- Express Anal Glands; is your pet scooting/licking anal region?**
- Regular Bath includes: Aloe and Oatmeal Shampoo, ear cleaning**
- Therapeutic Bath/Dip as prescribed by one of our veterinarians, ear cleaning included**
- Body Clip with Aloe and Oatmeal Shampoo, ear cleaning, nail trim included\*\***
- Body Clip with Therapeutic Bath as prescribed by one of our veterinarians, ear cleaning, nail trim included\*\***
- Body Clip with NO Bath, ear cleaning & nail trim included\*\***
- Sani Clip; please describe where on body:**

**\*\*Some patients require sedation for body clipping; please authorize below if your pet has been sedated for this in the past OR if you agree to it if necessary today\*\***

**OTHER SERVICES:**

**Please describe what services your pet is to receive today (i.e. blood work, x-rays/ultrasound):** \_\_\_\_\_  
\_\_\_\_\_

**When did your pet last eat?** \_\_\_\_\_

**Please list all medications/supplements your pets is taking and the last time he/she took them:**  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I authorize sedation or pain relief for the examination or treatment of my pet if necessary (i.e. x-rays, wound treatment, body clip):**

Yes     No/Call me first

***\*\*Pets needing sedation for grooming must be up-to-date on their annual exam and vaccinations; your pet may need pre-anesthetic blood work prior to sedation\*\****

You are to use all reasonable caution in the treatment of my pet, in which event, I will not hold the clinic liable for injury, escape or death. I understand that any unforeseen problem that develops while I am absent and my pet is in your care will be treated as deemed best by the veterinarian and I assume full responsibility for the expense of treatment. If I neglect to pick up my pet within 10 days of the date of discharge, you may consider that the pet is abandoned and are hereby authorized to make arrangements for my pet as Double Churches Animal Clinic, P.C. deems best.

\_\_\_\_\_  
(Signature of legal owner)

**Name of contact making decisions about your pet's visit today?** \_\_\_\_\_

**Best Phone # to reach contact :** \_\_\_\_\_

**Best time to call?** \_\_\_\_\_

**Do you need a written estimate/treatment plan for today's visit?** \_\_\_\_\_