

Double Churches Animal Clinic, P.C.

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www.doublechurchesanimalclinic.com

**Standard Consent/Drop Off Form
Outpatient Diagnostics**

Client Name:

Address:

Telephone:

Patient Name:

Species:

Breed:

Sex:

Color:

Birth Date:

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.

Please check the services your pet is to receive today:

Ultrasound

Echocardiogram

X-Rays

Bloodwork

Other (Please list): _____

Please list any medications/supplements your pet is currently taking:

Please list date/time last dosage of medication given:

What food does your pet eat (table food, treats)? _____

How much per day? _____

When did your pet last eat? _____

Any additional comments/concerns? _____

I authorize sedation or pain relief for the examination or treatment of my pet if necessary:

Yes No/Call me first

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)

Date

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

Best Phone # to reach contact for today's services : _____

Best time to call? _____

Do you need a written estimate/treatment plan for today's visit? _____