



912 W. Williams St.
Apex, NC 27502
(919) 267-9315

Drop Off Authorization for Care

Pet's Name: _____ Date: _____

Procedure (s): _____

Phone number(s) where you can be reached today: _____

Date & Time Last Ate: _____

Personal items left with pet today: _____

Who will pick up your pet at the end of the day today? _____

- ◆ During the physical examination, we may discover necessary treatment(s) your pet would benefit from, such as cleaning the ears or expressing the anal sacs. May we perform treatment without contacting you first as long as the additional invoice total does not exceed \$50? **(Please circle) YES NO**
- ◆ Please check any of the following additional services you would like us to perform today, with the understanding that *there will be a charge for these procedures*:

<input type="checkbox"/> Nail trim/Pedicure	<input type="checkbox"/> Ear hair plucking/removal (poodles, etc)
<input type="checkbox"/> Nail grinding (dogs only)	<input type="checkbox"/> Ear cleaning/wax removal
<input type="checkbox"/> Anal sac expression	<input type="checkbox"/> Tooth brushing
- ◆ We offer **Micro-chipping**: This is a form of permanent identification that can identify your pet if they are lost, run away, are stolen, or are otherwise separated from you (such as following an emergency evacuation). Would you like us to implant a micro-chip while your pet is here today?[cost: \$44.82, includes registration] **(Please circle) YES NO**
- ◆ [DOG OWNERS ONLY]: I authorize All 4 Paws Animal Hospital to walk my pet outdoors on a leash **(Please circle) YES NO**

In order to prevent the spread of infectious disease, I authorize All 4 Paws Animal Hospital to administer a Rabies vaccine, and/or flea or tick medication to my pet, **at my expense**, if deemed necessary. I understand that if my pet has an infectious disease that requires my pet to be housed in the isolation ward, or if my pet stays overnight, **I will be charged a hospitalization fee.**

I, the undersigned, am the owner or authorized agent of the owner of the pet named above, and have the authority to consent to medical procedures. I authorize All 4 Paws Animal Hospital to obtain all medical records regarding my pet from any/all other hospitals where my pet has been treated or examined and to release all medical records regarding my pet to any other hospital. I understand that All 4 Paws Animal Hospital will exercise every reasonable precaution to ensure the safety of my pet while in their care but there is a risk of complication(s) with any medical procedure, treatment, vaccination, surgery or anesthesia including the possibility of death. The nature and risks of such complications have been explained to me and any questions have been answered so I authorize and direct the veterinarians or associates of All 4 Paws Animal Hospital to perform the above procedures, diagnostics, and treatments for my pet with my consent. I understand that there is no guarantee, nor can one be made as to the results of any therapy. I understand that if my pet has an infectious disease that requires my pet to be housed in the isolation ward, or if my pet stays overnight, **I will be charged a hospitalization fee. I agree to pay, in full, for services rendered. I understand that payment is due and expected on the day service is rendered.** If I neglect to pick up my pet within ten (10) days of the date above, All 4 Paws Animal Hospital is to assume that my pet has been abandoned and is authorized to make arrangements for the pet's care as All 4 Paws Animal Hospital deems necessary.

Signature

Printed Name