

Well Patient Drop-off Form

CONSENT:

_____ I authorize the attending veterinarian to perform any procedures deemed necessary while my pet is here. *I am aware that I will be responsible for any and all costs.*

Choose One:

_____ Please attempt to contact me if anything additional is needed, however **proceed** if I am not available. *I am aware that I will be responsible for any and all costs.*

_____ Please contact me regarding any additional procedures. If I am not available, do **not** proceed. *I understand this may mean I need to bring my pet back at another time for diagnosis and treatment.*

Please Note: If your pet cannot be handled safely without sedation, we will be unable to complete the examination without authorization to sedate. Sedation is used only when necessary for the safety and well-being of the pet and staff. Initial for permission _____

I understand that Richmond Veterinary Clinic now requires appointments and that my pet will be seen during an available appointment slot. I understand that a Richmond Veterinary Clinic staff member will call me after the doctor has completed their examination and schedule a time for pick-up.

Payment is due at the time services are rendered. By signing below, you agree to the above conditions and allow us to treat your pet.

Signature: _____ Date: _____

