



122 West Shirley Ave
Warrenton, Va 20186

Drop off Form

I hereby authorize the staff of Piedmont Pets Veterinary Care (PPVC) to examine, administer medications, and perform any other discussed procedures on my pet being dropped off today. I understand there are always potential risks with any medical procedure including exams. I release PPVC from any loss or expense these actions may incur upon me, provided said actions are medically necessary to preserve the life of my pet and are in keeping with the prevailing standards of veterinary medical care.

Owner or agent of the pet: _____

Pet's name _____

Please list all medications currently being received by your pet and time of last administration.

Please list all items (including medications, leashes, blankets, etc.) being dropped off with your pet today:

Reason for visit:

- Grooming
- Sedated Exam
- Radiographs
- Observation
- Glucose Curve
- Ultrasound
- Other: _____

Brief History/Requests: _____

Our greatest concern is the well-being of your pet. IF your pet needs to go under anesthesia/sedation we will perform a physical examination. However, many conditions are not detected unless blood testing is performed. Such tests are especially important before any kind of anesthesia. They tell your doctor about organ function for your pet. For these reasons, we require blood screening before procedures. We may discuss options with you. Please indicate your choices below:

IN CASE YOUR PET NEEDS ANY TYPE OF SEDATION/ANESTHESIA:

- My pet needs to have a pre-anesthesia blood screen done.
- My pet has had a pre-anesthetic blood screen done.

If needed, your pet will receive pain medication to alleviate discomfort. When appropriate, we will also treat your pet with laser therapy to reduce pain, swelling and speed recovery time.

I, the undersigned owner or agent of the pet identified above, authorize the staff at PPVC to perform the above procedure(s). I have been counseled about and understand that some risks always exist and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the proceeding.

- Agree

I understand that I need to be available throughout the day while my pet is in the care of PPVC. In the event that clinic staff is unable to reach me, I understand that PPVC will perform any procedures that are in the best interest of my pet. I also understand that all or part of my pet's procedure (if applicable) may be canceled, and that I will still be responsible for any costs incurred up to that point.

- Agree

I understand that the attending veterinarian will make every effort to contact me regarding treatment in the case of unforeseen emergencies. If unable to contact me, the staff has my permission to proceed with life sustaining procedures. I also understand that I will be responsible for any and all costs associated with life sustaining procedures.

- Accept, the staff has my permission to perform life sustaining measures
- Decline, the staff does not my permission to perform life sustaining measures

While I accept that all procedures will be performed to the best of the abilities of the staff at PPVC, I understand that no guarantee or warranty has been made regarding the results that may be achieved.

- Agree

I also assume full responsibility for any additional expenses incurred after any procedure is performed (if applicable), such as follow-up radiographs, surgical or medical progress exams, and additional surgeries due to post-operative complications. These are more likely to occur when there is a failure to comply with the aftercare instructions.

- Agree

I understand that payment in full is due at the time I pick up my animal. I agree to pay Piedmont Pets Veterinary Care when services are rendered. If payment defaults, I agree to interest charged at 18% at annum, and assume financial responsibility for all professional and legal fees, collection cost and court cost incurred by PPVC. I have read and fully understand the terms and conditions set forth above.

- Agree

Signature _____ Date _____

Best PHONE NUMBER to contact responsible party(ies) _____