

Neighborhood Veterinary Associates
22750 New Cut Road Unit D-3
Clarksburg, MD 20871
240-912-6144

Patient Drop-Off Consent Form

Drop-Off Date _____ Drop-Off Time _____

Client's Full Name: _____

Current Street Address: _____

Cell Phone: _____ E-mail: _____

Emergency Contact Number for Today: _____

Person(s) Dropping Off: _____

Person(s) Authorized to Pick Up: _____

Patient's Name: _____ **Species & Breed:** _____

Sex: _____ Date of Birth or Age: _____

Medical Conditions/Allergies: _____

Reason(s) For Today's Visit: _____

Preventive Care Requested Today

Dogs

- Rabies Vaccine
- Distemper/Parvo Vaccine
- Bordetella Vaccine
- Influenza Vaccine
- Leptospirosis Vaccine
- Lyme Vaccine
- Heartworm/Lyme/Ehrlichia/Anaplasmosis Test

Cats

- Rabies Vaccine
- Distemper Vaccine
- Leukemia Vaccine
- Leukemia/FIV Test

General Preventive Care

- Fecal Test
- Wellness Blood Work
- Blood Pressure Monitoring
- ECG
- Other Screening: _____

Other Care

- Nail Trim
- Anal Gland Expression
- Ear Cleaning
- Microchip

Prescription Refill: _____

Other: _____

Current Medications

Heartworm Prevention: _____

Flea & Tick Prevention: _____

My pet is currently on monthly heartworm and flea prevention and has not missed a dose.

Yes No If NO, please explain: _____

If fleas or evidence of fleas are found on my pet I understand that my pet will be treated and I will be charged for that treatment.

Other Medications: _____

Diet

Current Diet: _____ Time of Last Food: _____

Desired Pick-Up Time: _____

Please Initial ONE Option:

I consent to Neighborhood Veterinary Associates and its staff examining my pet and providing any medical care they deem appropriate. This may include sedation or anesthesia **if absolutely necessary** for the exam or other care being provided. I understand that there are risks with medical care, and I accept these risks.

I consent to Neighborhood Veterinary Associates and its staff examining my pet and providing the **specific** medical care I have approved on this form. Except in the case of fleas as mentioned above, or an emergency situation, a member of the staff must contact me with a plan for any additional recommended care before performing such care for my pet.

I understand that the staff will work diligently to minimize the risk to my pet in all situations, but the staff cannot prevent all adverse reactions, side effects, or other unforeseen complications. **In the case of emergency, I would like Neighborhood Veterinary Associates and its staff to perform and hold me financially responsible for the following care:**

Everything possible, including extreme measures, until I can be contacted.

Minimal lifesaving treatments until I can be contacted.

Nothing until I can be contacted (**No ER care until contact – loss of life is possible**)

Owner or Agent Printed Name: _____

Owner's Signature and Date: _____