



# Drop-Off Consent Form

8014 Bellona Avenue \* Towson, MD 21204 \* (410) 296 - 0890 \* (410) 296 - 0892 (fax) \*  
[www.ruxtonanimalhospital.com](http://www.ruxtonanimalhospital.com)

Owner/Authorized Agent Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Species:  Dog  Cat  Other

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❖ Sometimes pets experience anxiety or digestive issues during their stay, in which case, medications are recommended. Do we have your consent to administer medications should your pet require it during their stay? (check one):  YES  NO

❖ IF possible, are there any of the following services you would like added to today's visit?:

- |  |  |
|--|--|
| <input type="checkbox"/> Nail Trim           | <input type="checkbox"/> Ear Cleaning  |
| <input type="checkbox"/> Nail Trim w/ Dremel | <input type="checkbox"/> Sanitary Clip |
| <input type="checkbox"/> Anal Sac Expression | <input type="checkbox"/> None          |

### For Diabetic Patients ONLY

When was their last dose of insulin?: \_\_\_\_\_ How much insulin was given?: \_\_\_\_\_

- I authorize any and all diagnostics/treatment the doctor deems necessary, including but not limited to bloodwork and radiographs.
- I authorize diagnostics/treatment up to the amount of \$\_\_\_\_\_.
- Please call me prior to performing any diagnostics/treatment.

**\*\*NOTE\*\*** For the protection of your pet and other pets in the clinic, we require all drop off patients to be free and clear of fleas, ticks and/or ear mites. If any of these parasites are discovered on your pet upon examination, treatment and preventative measures will be administered at the owner's expense.

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### CONSENT & ACKNOWLEDGEMENT

I, the undersigned, certify that I am the legal owner or authorized agent of the above stated animal, and consent to the examination and treatment of this pet by the staff and veterinarians of Ruxton Animal Hospital. Should some unexpected life-saving emergency care be required and the attending veterinarian be unable to reach me, this practice's staff has my permission to provide such emergency treatment and I agree to pay for all related fees.

I am aware that Ruxton Animal Hospital does not provide 24 hour supervision. If intensive overnight care is required, I may be referred to an emergency clinic or can arrange to have my pet transferred to a 24 hour facility of my choice. I agree that I, or an authorized agent, will pick up my pet during practice hours. In the event pick up occurs after business close, an after hours fee will be applied to my invoice.

I understand and accept full financial responsibility for any services rendered on behalf of this pet and understand that payment is due in full upon release of this patient.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The safety and comfort of your pet is our primary concern!  
♥ Thank you for entrusting your pet to our care ♥