



# WAKE VETERINARY HOSPITAL & URGENT CARE

## DROP-OFF FORM

Due to the current COVID recommendations, we have elected to use this form to streamline the drop-off process. Please complete this form and let us know when you are ready for a staff member to come out to get your pet by calling (919) 266-9852. Thank you for your patience.

Client Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_ Best Contact Number: \_\_\_\_\_  Text  Call

Being responsible for the above-described animal, I have the authority to grant you my consent to receive, prescribe for, treat and/or operate on my pet.

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**I authorize the personnel of Wake Veterinary Hospital & Urgent Care to:**

Perform bloodwork as recommended for my pet.  Accept  Decline

Give medication in the hospital and prescribe for home use if needed for my pet.  Accept  Decline

Use fluid therapy for my pet if needed as determined by the doctor.  Accept  Decline

Update annual vaccinations or recommended diagnostic tests. (i.e. heartworm, medication, rechecks, Feline Leukemia testing)  Accept  Decline

What do you feed your pet and when was he/she last fed?

\_\_\_\_\_

Please list the concerns and reasons why we are seeing your pet today.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List of current medications your pet is taking. And when was the last dose of each medication?

\_\_\_\_\_

\_\_\_\_\_

Are there any additional concerns you would like for us to address during this visit today?

\_\_\_\_\_

\_\_\_\_\_

I understand a written estimate for these services will be made available upon my request.

**Initial Here** \_\_\_\_\_

In an effort to maintain a flea-free hospital, if fleas are found on my pet upon admittance to Wake Veterinary Hospital & Urgent Care, I agree to treatment with an appropriate oral or topical flea treatment to prevent spread of those parasite to other hospitalized patients. I understand I will be charged for this treatment.

**Initial Here** \_\_\_\_\_

I understand that Wake Veterinary Hospital & Urgent Care is not responsible for personal belongings that are left with your pet. We do provide towels and blankets in the cages where all patients are kept.

**Initial Here** \_\_\_\_\_

While I accept that all procedures will be performed to the best of the abilities of the hospital's staff, I understand that no guarantee has been made regarding the results that may be achieved. I agree to assume financial responsibility and provide payment at the time that services are rendered.

**Initial Here** \_\_\_\_\_

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**Signature of Owner/Responsible Party**

**Date**