



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.

I authorize the personnel of Wake Veterinary Medical Center 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 Medical Center, 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 Medical Center 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 _____

Signature of Owner/Responsible Party

Date