

New Hope Animal Hospital
49 Hosiery Mill Rd. Suite #135
Dallas, GA 30157
770-485-1536

**Drop Off Consent Form
(Hospitalization, Bath, Exams)**

Owner's Name _____ Pet's Name : _____ Breed : _____ Color : _____

Today's Phone Number _____

As the owner of agent of the owner of the above animal, I hereby give my consent to New Hope Animal Hospital to perform the followings procedure(s):

1. _____

2. _____

I understand that during the performance of this procedure, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth above. I expect New Hope Animal Hospital to use reasonable care and judgment in performing the procedure(s). I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable cost incurred regarding the animal.

**Routine Minimum Data Base Testing
(Basic blood and urine test)**

At New Hope Animal Hospital our greatest concern is the well-being of your pet. Our hospital staff may need to run a few basic blood and/or urine tests to properly diagnose and treat your pet. These tests along with a full physical exam by our veterinarian(s) will allow our staff to assess your pet's health, make important treatment decisions, and minimize risks for anesthesia when necessary. These tests can be used to detect life threatening conditions such as anemia, clotting disorders, dehydration, infection, kidney disease, liver disease, and many other conditions before undergoing the above procedure(s). Identification of an underlying condition prior to treatment may lead to our staff to making the necessary changes to your pet's treatment.

_____ **Yes, I agree to the minimum data base testing if recommended by the veterinarian.**

_____ **No, I decline the minimum data base testing and request that I be contacted prior to any such tests.**

Prevention of Contagious Diseases

In order to prevent the spreading of contagious diseases, all pets are required to be current on core vaccinations, heartworm test, have a current negative intestinal parasite fecal exam, and have a negative skin parasite exam prior to elective procedures. I understand that I am responsible for the cost associated with any necessary vaccinations or parasitic treatments. Please Initial _____

Anesthesia/ Sedation

_____ **Yes, I agree to any necessary anesthetic or sedation events that may be necessary for my pet.**

_____ **No, I decline all anesthetic requests that may be needed to diagnose or treat my pet prior to be contacted by the veterinarian or staff.**

The nature of the procedure(s) and anesthetic risk including permanent neurologic dysfunction and death has been explained to me. I realize that results cannot be guaranteed. I have read and understand this consent form. By signing this form, I authorize the use of appropriate anesthetics and/or other medications.

Signature of owner/agent _____ Date _____