



DROP OFF CONSENT FORM

Date: _____

Owner: _____

Pet Name: _____

Home Phone: _____

Cell Phone: _____

Reason for visit:

List medications given today and time given:

OFFICE USE

Account #: _____

Weight: _____

Checked In: _____

If your pet does NOT have a current rabies vaccination or proof of a current rabies vaccination at the time of service, we will administer a rabies vaccination to your pet at your expense. The cost of a rabies vaccination is \$24.43 plus tax.

Please **initial** the services you are allowing us to run on your pet today, **in addition to the \$35 exam fee**. The veterinarian will call me with results and we will discuss if any other testing or services need to be ran. **Any medications that sent home will be an additional cost to the diagnostic charges.** If your pet has fleas, ticks or any other parasites currently on them, Sioux Nation Pet Clinic may take proper measures to treat your pet, at the owner's expense. I understand the hospital support personnel will be used as deemed necessary by the veterinarian.

- | | | |
|---|--|---|
| <input type="checkbox"/> Blood work (\$50—\$200) | <input type="checkbox"/> Fecal (\$25.75) | <input type="checkbox"/> Laser Therapy |
| <input type="checkbox"/> Eye exam (\$50—\$65.50) | <input type="checkbox"/> Giardia (\$36) | <input type="checkbox"/> Fluids (\$30—\$60) |
| <input type="checkbox"/> Ear Swab/cytology (\$22) | <input type="checkbox"/> Thyroid (\$61) | <input type="checkbox"/> Vaccines _____ |
| <input type="checkbox"/> X-rays (Starting at \$160) | <input type="checkbox"/> Urinalysis (\$39.50) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Heartworm Test (\$32) | <input type="checkbox"/> Glucose Curve (\$12 a pull – up to 6) | |
| <input type="checkbox"/> ACTH Stim/LDDS (\$159) | <input type="checkbox"/> FELV/FIV Combo Test (\$42.45) | |

I authorize for all the above to be ran on my pet today. I agree that payment is due in full at time of service.

Please sign: _____

SEDATION

I am the owner or the agent for the owner of the animal described above, and I have the authority to execute this consent. I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. They have been explained to me as well. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures. I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication.

Please sign: _____