DROP OFF CONSENT FORM

Doctor: Owner:

OFFICE USE

Account #**:** Weight: Date/ Initial:

Pet Name:

Cell Phone:

Secondary Phone:

Reason for visit:

List medications given today, and time given:

**If your pet does NOT have a current rabies vaccination or proof of a cur- rent 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 $30.01 plus tax**

Please ***initial*** the services you are allowing us to run on your pet today, ***in addition to the $45 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 are 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.

Blood work(**$80—$200**)

Eye exam(**$60—$90**)

Ear Swab/cytology(**$28.12**)

X-rays(starting at **$200**)

 Fecal(**$33.12**)

 Giardia(**$45.44**)

 Thyroid(**$72.86)**

 Urinalysis(**$50.60**)

Laser Therapy

Fluids(**$40—$70**)

Vaccines

Other

Heartworm Test(**$46.99**)

ACTH Stim/LDDS(**$191.43**)

 Glucose Curve(**$14.60 a pull – up to 6**)

 FELV/FIV Combo Test(**$61**)

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 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: