

**CONSENT:**

\_\_\_\_\_ I authorize the attending veterinarian to perform any procedures deemed necessary while my pet is here. I am aware that I will be responsible for any and all costs.

\_\_\_\_\_ Please attempt to contact me if anything additional is needed, however proceed if I am not available. I am aware that I will be responsible for any and all costs.

\_\_\_\_\_ Please contact me regarding any additional procedures. If I am not available, do not proceed. I understand this may mean I need to bring my pet back at another time for diagnosis and treatment.

**Please Note: If your pet cannot be handled safely without sedation, we will be unable to complete the examination without authorization to sedate. Sedation is used only when necessary for the safety and well-being of the pet and staff. Initial for permission \_\_\_\_\_**

I understand that Livingston Animal Hospital now requires appointments and that my pet will be seen during an available appointment slot if not previously scheduled a time. I understand that a Livingston Animal Hospital staff member will call me after the doctor has completed their examination and schedule a time for pick-up.

Payment is due at the time services are rendered. We will take payments via phone. By signing below, you agree to the above conditions and allow us to treat your pet.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Note: Rabies is required by law and is a requirement at LAH. If your pet is not current or you cannot provide proof of a current rabies vaccine, your pet will be required to receive one at today's visit.

Any: Coughing  Sneezing  Vomiting  Diarrhea  Excessive Drinking  Excessive Urinating   
None of the Above

Any Behavioral Issues: \_\_\_\_\_

Energy Level: \_\_\_\_\_

Appetite: \_\_\_\_\_

Diet: \_\_\_\_\_ Feeding amount/times: \_\_\_\_\_

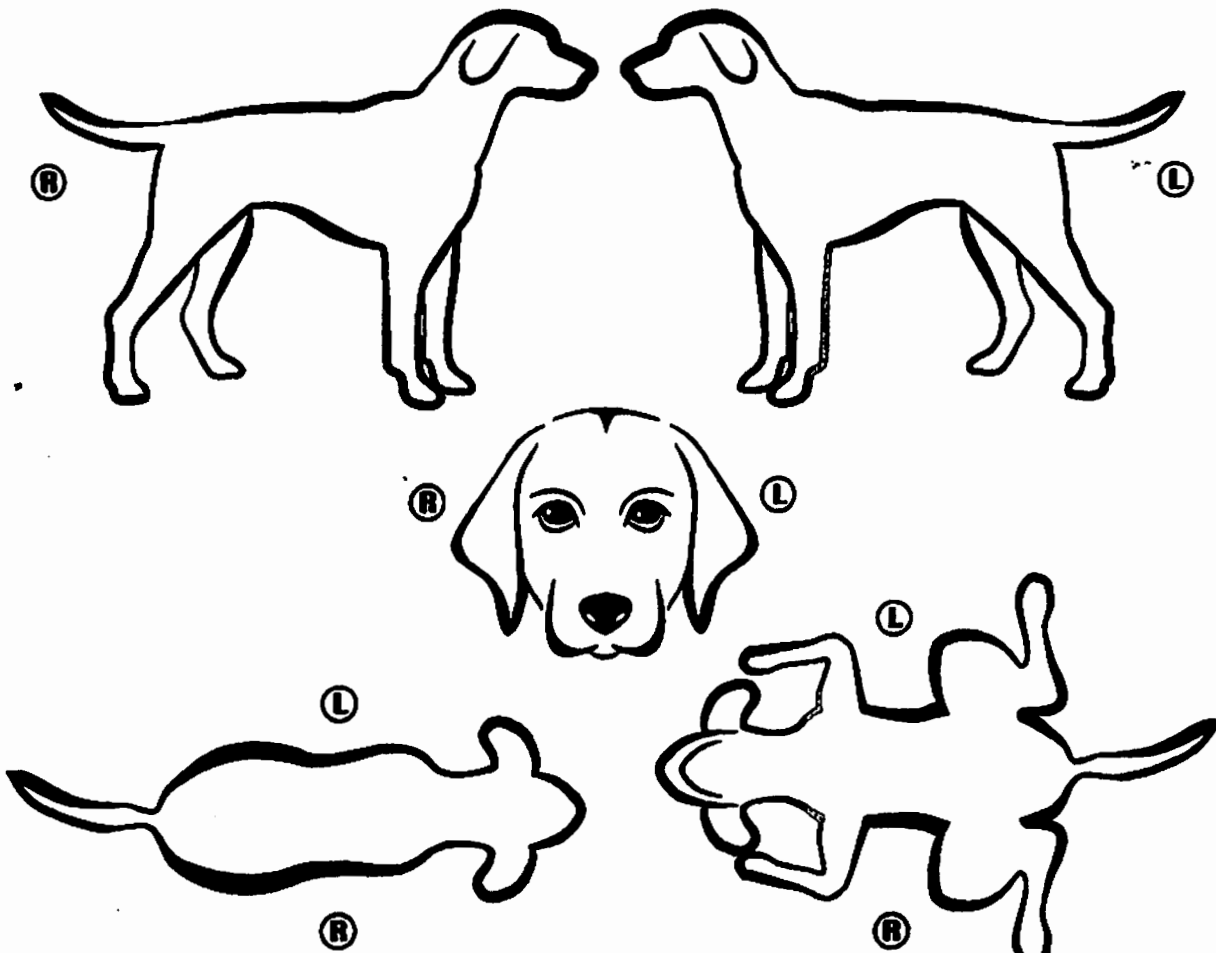
Indoor  Outdoor  Travel History: \_\_\_\_\_

Chronic Conditions: None

Ear/Eye Irritation/Discharge?  
\_\_\_\_\_

Lumps, bumps, and lesions (please draw where the affected areas are on your pet)

When did you first notice the lumps/bumps/lesions:  
\_\_\_\_\_  
\_\_\_\_\_





Drop Off Waiver for Routine/Sick

Date: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Today's Contact Numbers: First \_\_\_\_\_

Second \_\_\_\_\_

\_\_\_\_ I have an Appointment Time: \_\_\_\_\_

\_\_\_\_ I will be able to be reached at all times today

\_\_\_\_ I will only be able to be reached between \_\_\_\_\_ AND \_\_\_\_\_

I request Dr. \_\_\_\_\_ to examine my pet for the following reason(s):

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Has your Pet eaten today? \_\_\_Yes \_\_\_No

If so what time? \_\_\_\_\_

Current Medications/OTC: None

Is your pet currently on any other medications? \_\_\_Yes \_\_\_No

If yes, please list and provide dosage and administration:

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Do you need any medications refilled today?

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