



DROP-OFF CONSENT FORM

Date: _____

Client's Name: _____

Pet's Name: _____ Age: _____ K9/FE Neutered/Spayed Breed: _____

is being admitted to Dupont Veterinary Clinic for the following reason:

PATIENTS HAVING SEDATED PROCEDURES:

_____ I give permission to administer general anesthesia if necessary and understand that despite standard precautions, there are certain inherent risks involved.

Signature: _____

or authorized agent: _____

Print name: _____

Phone number(s) where I can be reached today: _____ Cell _____

PLEASE KEEP YOUR PHONE WITH YOU ALL DAY WHILE YOUR PET IS WITH US!

We will call you with an update after the procedure is finished. If you have not heard from us by 3:00pm, please feel free to call us for an update.

Please indicate on the silhouette below where any lump or injuries occurred.

