

# DROP OFF CONSENT FORM

To better treat your pet and meet your needs, please take a few moments to clearly define what problems you would like us to address while your pet is here. It is critical for us to know as much of the history of the problem as you can recall and how you can be reached during the day for further discussion.

**Please list the reason(s) for your visit today:**

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**In Case of Cardiac or Pulmonary Arrest, please indicate if you wish for us to resuscitate your pet:**

<input type="checkbox"/> <b>YES, perform CPR</b>	<input type="checkbox"/> <b>NO, Do Not Resuscitate</b>
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I have provided Aliso Beach Animal Clinic with a list of current medications and doses that my pet is on.

I realize that IT IS ESSENTIAL THAT I BE AVAILABLE BY PHONE so that the doctor can best help my pet and provide prompt care. If I am not available I understand that the DVM will proceed as directed below.

**In the event that I am not available by telephone the doctor may: (Please Pick One)**

<input type="checkbox"/> Provide any care deemed necessary to treat my pet's condition or provide preventative care.	<input type="checkbox"/> Provide any care deemed necessary to treat my pet's condition/provide preventative care up to this financial amount: \$ _____	<input type="checkbox"/> Not proceed without my consent. I understand that if I'm not available by phone that this could cause a delay in treatment/care/diagnosis.
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**Best Phone Number(s) to be Reached at Today:** \_\_\_\_\_

_____ Signature of Owner or Responsible Party	_____ Printed Name	_____ Date
_____ Signature of Staff Member	_____ Staff Member Printed Name	_____ Date

Patient : \_\_\_\_\_