



For Office Use Only:
Information has been entered
into medical notes: _____
Condition: _____
Weight: _____

Wellness Drop Off Treatment Consent Form

Dr. Hageny, DVM

Owner's Name: _____ Patient's Name: _____

Species: _____ Breed: _____ Age: _____

Gender: _____ Spayed/Neutered: Y N Color: _____

Reason for today's visit:

Wellness Procedures (circle needed services):

	Toe Nail Trim		Anal Gland Expression			
	Regular Bath		Medicated Bath		Other	
Canine:	Rabies	DA2PP	Bordetella	Leptospirosis	Heartworm Test	Fecal
Feline:	Rabies	FVRCP	FELV	FELV/FIV/Heartworm Test	Fecal	
Diagnostics Consent for:		Full Bloodwork	T4	Urinalysis		

Exam or Other Procedures:

Any concerns:

Brief history of concern:

When was the last time your pet had food and water: _____

Is your pet taking any medications currently:

I, the undersigned owner or agent of the pet identified above, authorize the staff of Valwood Animal Hospital to perform the above procedure(s). I understand that while treating my pet, it may be necessary to draw blood or perform mild sedation. I also understand the authorized staff of Valwood Animal Hospital will attempt to contact me prior to performing any unauthorized procedures, provided life sustaining measures are not immediately necessary. I understand that there will be a late fee incurred if my pet is picked up after hospital closing hours – 7:30am to 5:30pm.

Signature of Owner: _____ Date: _____

What phone number(s) would be the best to reach you today or tomorrow:

1: _____ 2: _____