



DROP OFF CONSENT FORM

Pet Name: _____

Owner: _____ Contact Number Today: _____

Secondary Contact & Number: _____

Reason for Drop Off: _____

Additional Requests or Procedures: _____

Pet's Previous Health Concerns: _____

Current Medications: _____

I understand that every effort will be made to contact me by the staff at BAH prior to additional diagnostics and therapies following initial examination. I understand that if I am unavailable, the doctors may elect to proceed with diagnostics and therapeutics for my pet based on their judgment. I understand the necessity of this and agree to pay for all services at the time of discharge.

Signature: _____ Date: _____