

Double Churches Animal Clinic, P.C.

8365 Whitesville Rd
Columbus, Ga. 31904
(706)322-3232

www.doublechurchesanimalclinic.com

**Standard Consent/Drop Off Form
Sick Visit**

Client ID:
Client Name:
Address:
Telephone:

Name:
Species:
Sex:
Color:
Markings:
Birth Date:

I hereby certify that I am the owner of the above-named animal or am responsible for it and have the authority to execute this consent; I am 18 years of age or older.

Please check the following symptoms your pet is currently experiencing:

- Itching/licking/chewing; list where on body & how long?**
- Shaking/rubbing ears; one or both and how long?**
- Changes in appetite; increased/decreased & how long?**
- Changes in stool consistency/frequency; blood/mucus? describe & how long?**
- Vomiting/Regurgitation; describe contents and frequency and how long?**
- Sneezing; if nasal discharge, one/both nostrils, describe and how long?**
- Coughing; if productive, describe and how long?**
- Excessive drinking**
- Change in urinary habits; describe:**
- Mobility/Agility problems; describe and how long?**
- Signs of pain; describe and how long?**
- Limping; which leg and how long?**
- Changes in behavior; describe and how long?**
- (CATS) Urinating/Defecating outside of the litterbox; which & how long?**

Please list any medications/supplements/therapeutic shampoos your pet is currently taking:

Please list heartworm, flea/tick preventatives your pet is on & when it was last given:

What brand of food does your pet eat (table food, treats)? _____
How much per day? _____

Is your pet indoor, outdoor or both? _____

Has your pet gotten into anything unusual recently (garbage, dead animal, human medications, poisons, chocolate, gum, grapes, onions, raisin, garlic, etc.)? _____
If yes, how much was eaten and how long ago? _____

Additional comments/concerns: _____

Please check one of the following:

- Do whatever procedures the veterinarian recommends.
- Please call me after the veterinarian examines my pet and before any treatment is done.
- In addition to an exam, I authorize the performance of the following procedure(s): _____

I authorize sedation or pain relief for the examination or treatment of my pet if necessary (i.e. for x-rays or wound treatment):

Yes No/Call me first

You are to use all reasonable caution in the treatment of my pet, in which event, I will not hold the clinic liable for injury, escape or death. I understand that any unforeseen problem that develops while I am absent and my pet is in your care will be treated as deemed best by the veterinarian and I assume full responsibility for the expense of treatment. If I neglect to pick up my pet within 10 days of the date of discharge, you may consider that the pet is abandoned and are hereby authorized to make arrangements for my pet as Double Churches Animal Clinic, P.C. deems best.

(Signature of legal owner)

Best Phone # to reach you today _____

Best Time? _____