

**Double Churches Animal Clinic, P.C.**

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

www.doublechurchesanimalclinic.com

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

Client ID:  
Client Name:  
Address:  
Telephone:

Patient ID:  
Name:  
Species:  
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 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?** \_\_\_\_\_

**Any changes in mobility/agility? If yes, describe:** \_\_\_\_\_

\_\_\_\_\_

**Any signs of pain? If yes, describe:** \_\_\_\_\_

\_\_\_\_\_

**Any behavior changes? If yes, describe:** \_\_\_\_\_

\_\_\_\_\_

**Any lumps/bumps on your pet you have concerns about? (If yes, please mark with lipstick, nail polish or marker and point out to team member checking your pet in today)**

\_\_\_\_\_

**Any additional comments/concerns?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DOGS:**

Does your dog have access to lakes, creeks or wooded areas? \_\_\_\_\_

Do you board your dog or take him/her to a groomer/doggie daycare? \_\_\_\_\_

Other dogs in the house that board/groom, go to doggie daycare? \_\_\_\_\_

**CATS:**

Any problems urinating/defecating outside of the litterbox? \_\_\_\_\_

Other cats in the house that have access to the outdoors? \_\_\_\_\_

**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 the wellness exam, vaccinations and lab work due, 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:**

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?** \_\_\_\_\_