Yorktown Animal Hospital
DROP OFF FORM FOR TREATMENT
DATE $\qquad$

## CLIENT NAME:

$\qquad$
PET NAME: $\qquad$
SPECIES: $\qquad$
REASON FOR VISIT: $\qquad$
Please allow a few minutes to speak with an assistant regarding your pet.

1) EXAM- All animals requiring an evaluation will be seen by a veterinarian. A standard exam fee will be charged for this service.
2) TREATMENT CONSENT-If further diagnostic and/or treatment is indicated, we will make every effort to contact you prior to treatment. In the event we cannot contact you at the listed phone numbers, we request you select one of the following:
( ) Withhold all treatments until I or acknowledged representative can be reached
( ) I consent to further treatment of animal listed above, within the monetary limits marked below:
( ) up to \$250 ( ) up to \$__ ( ) no limit
3) DISCLAIMER-While acknowledging all reasonable precautions will be used against an occurrence, I accept all risks associated with hospitalization of my animals and will not hold Yorktown Animal Hospital, Inc. liable or responsible for injury or escape.

Please Print Name
$\overline{\text { Signature }} \overline{\text { Date }}$

Contact Phone Numbers \#1 $\qquad$ \#2 $\qquad$

