

HILLSIDE VETERINARY ASSOCIATES, L.L.C.

78290 HWY. 437 ~ COVINGTON, LA. 70435

985-892-5325

DROP OFF CONSENT

PLEASE CHECK ALL PROBLEMS THAT APPLY AND INDICATE DURATION AND CHARACTERISTICS OF SIGNS:

- CHANGE IN APPETITE _____
- CHANGE IN BEHAVIOR _____
- CHANGE IN WATER INTAKE _____
- COUGHING _____
- DIARRHEA _____
- EAR PROBLEMS _____
- LAMENESS _____
- SKIN PROBLEMS _____
- SNEEZING _____
- VOMITING _____
- Other _____

IN ADDITION TO AN EXAMINATION, I SPECIFICALLY REQUEST AND AUTHORIZE THE FOLLOWING SERVICES:

PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS:

- DO WHATEVER IS NECESSARY FOR THE HEALTH AND WELLBEING OF MY PET AND I WILL CALL LATER.
- DO WHATEVER IS NECESSARY FOR THE HEALTH OF MY PET UP TO \$_____ AND I WILL CALL LATER.
- DO ONLY AN EXAM AND THEN CALL ME FOR APPROVAL OF ANY OTHER SERVICES.
- OTHER: _____

UNFORTUNATELY, ANY PATIENTS NOT PICKED UP BEFORE CLOSE OF BUSINESS MAY INCUR BOARDING FEES.

I HEARBY AUTHORIZE HILLSIDE VETERINARY ASSOCIATES, LLC TO RENDER ALL SERVICES AS I HAVE INDICATED ABOVE. I ACKNOWLEDGE AND AGREE TO ACCEPT ALL FINANCIAL LIABILITIES OF THESE SERVICES AS WELL AS ALL REASONABLE RISKS THAT MAY BE ASSOCIATED WITH APPROVED TREATMENTS.

CLIENT/AUTHORIZED AGENT

PHONE NUMBER

DATE

OFFICE USE: CLIENT TOOK COLLAR/LEASH: YES NO

CHECKED IN BY (INITIALS): _____