



4840 Vista Blvd, Suite 100, Sparks, NV 89436 * 775.409.3288

Drop Off Consent Form

Owner's Name(s): _____

Contact Phone Number(s): _____

Name of Animal: _____

Species: _____

I am the owner, or the agent for the owner of the above-described animal. I hereby authorize and give consent for the performance of the following procedures:

Xrays:	with Barium Series
Surgery/Anesthesia:	Type:
Hospitalization:	Fluid Therapy
	Oxygen
	EKG/Vitals monitoring
	Observation
	Vaccinations/preventative care
	Diagnostics/work-up
	Clip/clean
	Wound care/bandaging
Other:	

Has your pet had any medication in the last 24 hours? _____ If yes:

What was given? _____ When? _____

I understand the following additional procedures are optional, but highly recommended, please select Yes or No below to authorize:

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Heartworm Test - canine |
| <input type="checkbox"/> | <input type="checkbox"/> | Feline Leukemia/Feline Immunodeficiency Virus test |
| <input type="checkbox"/> | <input type="checkbox"/> | Microchip/registration |

Due to unforeseen circumstances, if we find an issue that needs to be addressed during your pet's stay, and we are **UNABLE** to get a hold of you (please initial one option below):

1. Perform only what services have been authorized on the estimate: _____
2. Perform additional services deemed necessary by the veterinarian: _____
3. Perform only services, up to the following \$ amount: _____ \$ _____

Your pet, _____, will be undergoing a procedure that may require sedation. All precautions will be taken to ensure the safety of your pet. However, there are always risks associated with sedation procedures, and although they are minimal they do exist.

In the event of a life-threatening emergency, while your pet is with us, would you like us to perform CPR?

Accept _____ Decline _____

I have read the above information and understand its contents.

I give Sage Veterinary Care permission to post photos of my pet on Social Media (e.g., Facebook).

Accept _____ Decline _____

Payment is due when the patient is released.

Signature: _____ Date: _____