



Patient Drop-Off Consent

Date of Drop-Off: _____ (MM/DD/YEAR) Drop Off Time: _____

Client Info:

Full Name: _____

Current Street Address: _____

Cell Phone: _____

Email: _____

Emergency Contact Number for Today: _____

Person(s) Dropping Off: _____

Person(s) Authorized to Pick Up: _____

Patient Info:

Name: _____

Species: _____

Breed: _____

Sex: _____

Date of Birth: _____

Medical Conditions/Allergies: _____

Reason(s) For Today's Visit: _____

Current Medications:

Heartworm Medication: _____

Flea and/or Tick Medication: _____

My pet is currently on monthly heartworm and flea products and has not missed a dose.

Yes No If NO explain: _____

Other Medications: _____

Diet:

Current Diet: _____

Time of Last Food: _____

Preventive Care:

If you are unsure what your pet is due for a staff member can assist you when you drop off.

Dogs:

- Rabies Vaccine
- DA2PP (Distemper/Parvo) Vaccine
- Bordetella Vaccine
- Canine Influenza Vaccine
- Leptospirosis Vaccine
- Lyme Vaccine

Cats:

- Rabies Vaccine
- FVRCP Vaccine
- Feline Leukemia Vaccine
- FeLV/FIV Screening Test

General Preventive Care:

- Heartworm Test
- Wellness Blood Work
- Other Screening: _____
- Fecal Test
- Blood Pressure Monitoring
- ECG



Long Meadow
VETERINARY CLINIC

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Other Care:

- Bath
- Ear Cleaning
- Prescription Refill: _____
- Other: _____
- Insert a MICROCHIP for permanent identification of my pet**
- Nail Trim
- Anal Gland Expression

Desired Pick Up Time: _____

Please Initial One Option:

I consent to Long Meadow Veterinary Clinic and its staff examining my pet and providing any medical care they deem appropriate. This may include sedation or anesthesia **if absolutely necessary** for the exam or other care being provided. I understand that there are risks with medical care, and I accept these risks.

I consent to Long Meadow Veterinary Clinic and its staff examining my pet and providing the specific medical care I have approved on this form. Except in the case of parasites as previously mentioned or emergency, a member of the staff must contact me with a plan for any additional recommended care before performing such care for my pet.

I understand that the staff will work diligently to minimize the risk to my pet in all situations, but the staff cannot prevent all adverse reactions, side effects, or other unforeseen complications. **In the case of emergency, I would like Long Meadow Veterinary Clinic and its staff to perform and hold me financially responsible for the following care:**

- Everything possible, including extreme measures, until I can be contacted
- Minimal life saving treatments until I can be contacted
- Nothing until I can be contacted (NO ER CARE UNTIL CONTACT - loss of life is possible)

If your pet is found to have any fleas, ticks, or intestinal parasites, they will be treated during their visit at your expense to protect their health and the health of our other patients.

I understand payment in full is due at the time services are rendered. I agree to be financially responsible for the services rendered during my pet's visit.

I have read and fully understand the terms and conditions set forth above.

Owner's Printed Name: _____

Owner's Signature and Date: _____