



LAKE FOREST ANIMAL HOSPITAL

Drop - off Consent

I, the undersigned owner or agent of the pet identified above, authorize the staff of to perform the above procedure(s).

Procedure to be performed

Bloodwork may be recommended for your pet, as it can reveal hidden health problems that may alter decisions the doctor makes regarding your pet's care. You may request bloodwork; however, even if you do not, the doctors may choose to do so based on the exam. This may incur additional costs.

I give my permission [yes]: **I do not give my permission [no]:**

I authorize and direct the doctor(s) and staff at Lake Forest Animal Hospital to perform such diagnostic or treatment procedures as may be advisable and necessary for the health of my pet. The nature of these procedures has been explained to me and no guarantee has been implied or made as to the results or cure. I understand that there may risk involved in the treatment of my pet.

I give my permission [yes]: **I do not give my permission [no]:**

To ensure the health and safety of everyone, all animals staying in our hospital must be current on vaccinations and be parasite free. If necessary we will treat with an appropriate product.

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

Signature of
Owner: _____

Date: 3/8/23 _____

Phone number(s) at which owner can be reached today or tomorrow: