

## AUTHORIZATION FOR DROP OFF

RIO GRANDE ANIMAL HOSPITAL ~ 1913 CANDELARIA NW ~  
ALBUQUERQUE, NM 87107  
TELEPHONE: (505) 344-5353 ~ FAX: (505) 345-0581

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed/Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_ Age: \_\_\_\_\_

Reason for Drop Off: \_\_\_\_\_

Please help us to help your pet by providing the following information.

How long has this problem been present? \_\_\_\_\_

Current medications and dose \_\_\_\_\_

Is he/she eating and drinking? \_\_\_\_\_

Has your pet been urinating normally? \_\_\_\_\_

Any coughing/sneezing/vomiting or diarrhea? \_\_\_\_\_

Any other pertinent information? \_\_\_\_\_

I am the owner or agent for the owner of the animal described above and I have the authority to execute this consent. I authorize the doctor(s) on duty and their assistants to perform any diagnostic testing, treatment and/or procedures needed. I understand that there are certain risks and complications associated with restraint, anesthesia or surgery if needed. I also understand that clinic support personnel will be used as deemed necessary by the veterinarian.

To prevent the spread of infectious disease and parasites, hospitalized animals must be current on all vaccine and be free of internal and external parasites. I authorize Rio Grande Animal Hospital to provide vaccines and parasite control when needed.

I have read and understand the above information and assume full financial responsibility for all charges and services incurred to the animal described above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_