



Dr. Steven Winokur | Dr. Tracey Sasher | Dr. Martha Bosworth | Dr. Jodi Nichols | Dr. Eryn Pogue | Dr. Seth Colman |
Dr. Jacquelyn Horner | Dr. Brittany Marsh | Dr. Nathan Harpe | Dr. Kim Haight

Pet's Name: _____

DROP OFF CONSENT

As the owner or agent of the pet identified, I give the Doctors permission to treat my pet as needed for **any medical symptoms that may occur while my pet is under the care of Pharr Road Animal Hospital** including treatment, surgery, boarding and bathing of my pet. I understand that the doctors and staff at Pharr Road Animal Hospital will act with my pet's best interest in mind and that **I am financially responsible for all fees incurred during the treatment of my pet at the time of pick-up.**

DROP OFF CONSENT WITH SCHEDULED DOCTOR EXAM

Our doctors will do their best to keep in contact with you throughout the day and keep you up to date on your pet's condition and any necessary treatments. Please provide a good contact number for today and read and sign the consent form below authorizing us to perform the necessary diagnostics and treatments pertinent to your pet's condition(s). If you do not agree to the terms below please understand that you will need to schedule an appointment with your doctor in order to provide you with the amount of face to face time you require.

1. I authorize the doctors and staff at Pharr Road Animal Hospital to perform the necessary diagnostic tests (laboratory slides, blood analysis, radiographs, etc.) to arrive at a diagnosis for the problem I have presented my pet with.
2. In the event that they are unable to contact me after completing diagnostics, I authorize the doctors and staff at Pharr Road Animal Hospital to perform the necessary treatments and prescribe medications to treat the condition(s) found to exist in my pet.
3. I understand that the doctors and staff at Pharr Road Animal Hospital will act with my pet's best interest in mind and that I am financially responsible for all fees incurred during the treatment of my pet at the time of pick-up. Further, I understand that all estimates given to me over the phone or in person for any such procedures are strictly estimates and I do not hold the doctors or staff at Pharr Road Animal Hospital to be bound to those amounts. I understand that payment is due at the time of discharge and that in certain instances a deposit may be required.



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I will be available to speak with the doctor today, or during my pets scheduled reservation, at this telephone number: _____ between the hours of _____ and _____.

If we are unable to contact you:

I authorize PRAH to treat my pet. **Do NOT treat my pet.**

I would like to request pick up by _____ AM/PM. * I understand that my pet may not be ready by this time.

Signature: _____

Printed Name: _____ **Date:** _____