



Drop-Off Consent Form

Client's Name _____ Date _____

Pet's Name _____ Age _____ Sex M CM F SF

Concerns (ex. itchy skin, cough, etc) _____

Services and Vaccines Needed

Canine

- _____ Physical Exam
- _____ Rabies Vaccine 1 yr 3 yr
- _____ DHLPP Vaccine (Distemper, Parvovirus Combo)
- _____ Kennel Cough Vaccine (Bordetella)
- _____ Deworming (intestinal parasites)

Feline

- _____ Physical Exam
- _____ Rabies Vaccine 1 yr 3 yr
- _____ FVRCP (Feline Distemper)
- _____ Leukemia Vaccine
- _____ Deworming (intestinal parasites)

Lab Testing

- _____ Jr. Wellness Bloodwork Screen (6 years old & under)
- _____ Sr. Wellness Bloodwork Screen (7 years old & older)
- _____ Fecal Flotation Test (detects intestinal parasites)
- _____ Heartworm Test (Dogs Only)
- _____ FIV/Felv (Feline AIDS & Leukemia) Test (Cats only)
- _____ Urinalysis
- _____ Tick-Borne Disease Titers Screen (Dogs Only)
- _____ Other _____

Medication Refills

_____ Heartworm Prevention _____ Flea/Tick Prevention Other _____

Day Spa Procedures

_____ Pedicure _____ Clean Ears _____ Express Anal Glands _____ Bath

Estimated Cost for the Procedures Above

\$ _____

I certify that I am the owner, or authorized agent for the owner, of the above animal. I hereby consent to and authorize the doctors and staff of Johnston Animal Hospital to admit this pet and perform the above described procedures.

I acknowledge that I am responsible for payment in full for the above procedures and treatments at the time my pet is discharged.

Printed Name

Signature of Owner or Authorized Agent

Phone numbers where you can be reached **TODAY:** _____