



**Friendswood**

VETERINARY HOSPITAL

www.friendswoodvet.com

(281)993-4417

# DROP OFF

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PET'S NAME \_\_\_\_\_ DATE OF VISIT \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

REASON FOR VISIT \_\_\_\_\_

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IF FLEAS ARE FOUND ON MY PET, FLEA PREVENTION WILL BE APPLIED AND CHARGED TO MY ACCOUNT.

\_\_\_\_\_ I UNDERSTAND THAT PICKUP WILL BE AFTER 3PM

**RELEASE/CONSENT SIGNATURE**

I, THE UNDERSIGNED DO HEREBY CERTIFY THAT I AM THE OWNER, OR ASSUMING RESPONSIBILITY, FINANCIAL OR OTHERWISE, FOR THE ANIMAL BEING PRESENTED TO FRIENDSWOOD VETERINARY HOSPITAL FOR THE TREATMENT AND CARE SHOULD IT BE NEEDED. I HERBY CONSENT AND AUTHORIZE FRIENDSWOOD VETERINARY HOSPITAL TO RECEIVE, PRESCRIBE OR TREAT, AS INDICATED, THIS ANIMAL. IT IS THOROUGHLY UNDERSTOOD THAT I ASSUME ALL THE RISK. FRIENDSWOOD VETERINARY HOSPITAL HAS PERMISSION TO DO WHATEVER IS NECESSARY SHOULD AN EMERGENCY ARISE UNTIL I AM REACHED.

SIGNATURE \_\_\_\_\_

BEST CONTACT NUMBER \_\_\_\_\_ NAME \_\_\_\_\_

ARE YOU AN AUTHORIZED REPRESENTATIVE OVER 18? YES  NO