

**Clermont Animal Hospital, Inc.  
Patient Drop-Off Agreement for Surgery and/or Dentistry**

Owner's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_ Pet's Age \_\_\_\_\_

Phone numbers where you can be reached today: **\*Please list primary number first.**

Primary \_\_\_\_\_ Alternate 1st) \_\_\_\_\_ Alternate 2nd) \_\_\_\_\_

Best time to reach you at each number \_\_\_\_\_

Has your pet eaten today? \_\_\_\_\_ (If yes, please list what they ate and the time.) \_\_\_\_\_

Are your pet's vaccinations current? \_\_\_\_\_ (If not, which are due?) \_\_\_\_\_

Would you like to update them today? \_\_\_\_\_

**Pre-surgical Bloodwork is available and recommended for all pets greater than 1 year of age and strongly advised for pets greater than 7 years of age. Please check appropriate one.**

Completed \_\_\_\_\_ Declined \_\_\_\_\_ (Anesthetic risk increased.) Draw today \_\_\_\_\_ (Results not available until tomorrow.)

Please continue with procedure today \_\_\_\_\_ Delay/Reschedule procedure until results are available \_\_\_\_\_

**\*\*Remember your pet may be under an anesthetic and we may need to reach you immediately to obtain your approval for additional treatments should they become necessary, please be at one of the provided numbers between 10:00am-4:00pm.\*\***

**\*\*If we cannot reach you, at the above phone numbers, during the time of the procedure being done on your pet, shall we:**

\_\_\_\_\_ **Proceed with the recommended procedure(s)? (You will be charged for all procedures performed.)**  
\_\_\_\_\_ **Defer the procedure (we would not proceed) until we are able to discuss the procedure, even though it would mean a second anesthesia and another day of hospitalization for your pet?**

**DENTAL PROCEDURES**

After a thorough exam of your pet's mouth under anesthesia, if the doctor sees a need for additional dental work or extractions, shall we:

\_\_\_\_\_ Use our best judgment and perform the procedures recommended by the doctor?  
\_\_\_\_\_ Call you to explain the situation and obtain your consent before performing the procedure?

**There may be additional fees charged over our estimate for additional procedures.**

Clermont Animal Hospital, Inc. will make every attempt to not exceed the high end of the estimate.

However, in case of emergency, we will treat as needed and immediately contact the owner/agent to discuss further treatment.

I understand that all anesthetic involves some risk to my pet.

I give permission to the doctors of Clermont Animal Hospital, Inc. to perform the following surgery/procedures.

List Authorized Procedure(s) \_\_\_\_\_

Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*If you pet is not picked up within 10 days of being released it will be considered abandonment and will become property of Clermont Animal Hospital Inc. and you will be responsible for any and all costs for care or treatment.**