**RETAPE DROP-OFF CONSENT FORM**

**Animal’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Owner’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Is your pet eating and drinking ok? (circle one) YES or NO**
2. **Has there been any of the following: (Check which symptoms, if any)**

**Coughing?\_\_\_\_\_\_Sneezing\_\_\_\_\_\_Vomiting\_\_\_\_\_\_ Diarrhea\_\_\_\_\_\_\_**

1. **(*APPLIES TO QUESTION#2*) Since first noticing the issue/problem, has it gotten better, gotten worse, or stayed the same?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Is your pet on heartworm/flea/tick prevention? What**

**kind?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Any KNOWN allergies to vaccines or medications? If so, to what?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Please check the following YES or NO:**

* **Permission to Sedate my animal, if needed:\_\_\_YES \_\_\_\_NO**
* **Permission to perform bloodwork, if needed:\_\_\_\_YES\_\_\_\_\_NO**

**Owner Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_PHONE NUMBER FOR TODAY\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\*I understand retapes can take several hours to be available for pick-up\*\*\***

***PLEASE PICK ONE OF THE FOLLOWING:***

**I *WANT A CALL WHEN MY PET IS READY*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***I WILL PICK UP LATER THIS AFTERNOON*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**