

Drop-Off Appointment Authorization Form

Client Information

Client Name: _____

Phone Number(s): _____

Alternate Contact/Emergency Contact Number: _____

Pet Information

Pet Name: _____

Species/Breed: _____

Age: _____

Sex: ☐ Male ☐ Female ☐ Spayed/Neutered

1. Reason for Visit

☐ Wellness Exam / Vaccinations ☐ Illness / Injury ☐ Re-check / Follow-up

☐ Other (please describe): _____

2. Medical History / Current Concerns

Please describe your pet's symptoms, concerns, or services requested:

Last food/water given/what time: _____

Current medications/supplements: _____

3. Authorization for Examination & Treatment

I hereby authorize Brazos Woods Veterinary Clinic to examine my pet and perform any diagnostics, treatments, or procedures deemed medically necessary for the health and well-being of my animal. I understand that:

- If I cannot be reached, the doctors may proceed with treatments deemed urgent or necessary for my pet's welfare.

- I accept full financial responsibility for all services provided.

☐ I authorize treatment up to \$___00.00 without additional approval. I will be contacted at the phone number(s) above prior to any additional diagnostics or treatments not discussed in advance.

☐ Call me before proceeding with any treatment not already discussed.

4. Anesthesia / Sedation (if required)

☐ Yes, I authorize anesthesia/sedation if necessary. ☐ No, do not administer without my consent.

5. Emergency Care

In the event of a life-threatening emergency:

☐ Perform CPR / life-saving measures (additional fees may apply) ☐ Do not resuscitate (DNR).

6. Financial Responsibility

I understand that full payment is due at the time of pick-up. Acceptable forms of payment include cash, credit/debit card (no American Express) and approved financing options (care credit, scratch pay).

7. Liability Release

I release Brazos Woods Veterinary Clinic, its staff, and veterinarians from liability for conditions that are unforeseen and/or not preventable in the course of treatment. I confirm that I am the owner or authorized agent of the pet described above.

I understand that Brazos Woods Veterinary Clinic does not keep pets overnight and that my pet must be picked up by 5:30 p.m. A late fee of \$10/minute for every minute past 5:30 pm will apply unless discussed at the time of drop off & approved with employee signature. Exception Note _____

Signature: _____

Printed Name: _____

Date: _____