

SUNNYSIDE ANIMAL HOSPITAL

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DROP-OFF CONSENT TO TREATMENT

Your Name: _____ Pet's Name: _____

Best phone numbers

to reach you today: First: _____ Second: _____

Please identify all concerns you have about your pet today. If possible, describe when you first noticed the problem and any details you can provide:

- () Annual Exam/Vaccinations _____
 - () Appetite Loss _____
 - () Weight Loss _____
 - () Lethargy _____
 - () Vomiting/Diarrhea _____
 - () Blood in Stool _____
 - () Coughing/Sneezing _____
 - () Limping/difficulty rising _____
 - () Increased Drinking or Urination _____
 - () Difficulty Urinating/Blood in Urine _____
 - () Diarrhea/Constipation _____
 - () Eye/Ear Problem _____
 - () Other Concerns _____
- _____
- _____

Authorization for Diagnostic Procedures

Diagnostic tests and/or sedation are often necessary for the doctor to be able to determine your pet's condition. The doctor will only perform those procedures that are absolutely necessary to help diagnose your pet's problem.

Please initial one:

_____ I authorize any diagnostics/sedation the doctor deems appropriate.

_____ I require an estimate and would like to speak with the doctor after the physical exam, prior to any diagnostics/sedation.

Consent to Treatment

I am the owner, or representative of the owner, of the animal presented and have the authority to sign the consent to treatment form. As owner (or agent) over 18 years of age, I authorize Sunnyside Animal Hospital and its doctors to examine, prescribe for, and/or treat my pet for the condition described above. I understand that sedation/anesthesia may be used and some risks always exist from both known and unknown causes, including potential death. I understand that results cannot be guaranteed.

I assume full responsibility for all charges incurred for the care of my pet. I also understand that payment is due in full at the time services are rendered, and that a deposit may be required for surgical treatment or prolonged hospitalized care.

I have read and understand the above statements and agree to all terms therein.

SIGNATURE: _____ **DATE:** _____

We accept payment by cash, debit card, MasterCard, and Visa.