

# Authorization to Provide Care

1. I am the owner (or authorized agent of the owner of) of my pet. I hereby authorize and direct Banfield Pet Hospital®, its veterinarians, technicians, and assistants to perform services, procedures, diagnostics, vaccinations, treatments, and/or administration of extra label medications as deemed necessary or advisable in connection with or relating to the matters described in the attached estimate or the matters that have otherwise been explained by the Banfield Pet Hospital veterinarian or other Banfield associate.
2. I understand that there is a risk of complications with every procedure, including the possibility of death as a severe complication of surgery, anesthesia, or other procedures. I also understand that there is no guarantee as to the results of any procedures, diagnostics, vaccinations or treatments. I understand that I may ask any questions that I have regarding any procedure, diagnostic, vaccination or treatment recommended by the Banfield Pet Hospital veterinarian before it is performed.
3. I authorize Banfield Pet Hospital to obtain all medical records regarding my pet from any other Banfield Pet Hospital where my pet has previously been examined or treated and to release all medical records regarding my pet to any other Banfield Pet Hospital and to Medical Management International, Inc., its subsidiaries, parents and affiliates.
4. I understand that there may not be a veterinarian at the hospital at all times. I understand that veterinary technicians or assistants may perform certain functions in the preparation and care of my pet even when a veterinarian is not present. I also understand that no staff will be present in the hospital overnight. Unless the veterinarian advises that my pet may remain unattended in the hospital overnight, I will need to take my pet home or transfer my pet to a hospital offering overnight care at the end of the day. If I fail to pick up my pet before the hospital closes for the day, Banfield Pet Hospital may transfer my pet to a hospital offering overnight care if the veterinarian determines my pet cannot be left unattended overnight. I understand and agree that I am responsible for the payment of any charges for such overnight care.
5. I agree that hospital staff may walk my pet outside. I understand that in the event of an emergency, it may be necessary for my pet to be taken to an emergency hospital. I authorize Banfield Pet Hospital and its veterinarians and other personnel to transport my pet to an emergency hospital and to obtain treatment by the emergency hospital to stabilize my pet if I cannot be reached. Banfield and its personnel may disclose such information and records regarding my pet to the other hospital as they consider necessary.
6. I understand and agree that portions of my visit or the care and treatment of my pet may be recorded for educational purposes.
7. If I neglect to pick up my pet within seven days, Banfield Pet Hospital may assume that my pet has been abandoned and is authorized to make such arrangements as it may deem best.
8. I understand that payment is due in full at the time services are rendered. Banfield does not request or require personal information as a condition to payment by credit card, but card users may be required to provide proof of identity. If for any reason payment is not made at the time services are rendered or within 10 days thereafter, I understand that my account may be referred to a collection agency. In the event that my account is referred to a collection agency, I agree that Banfield Pet Hospital may add an amount to my outstanding account balance to reimburse Banfield Pet Hospital for the reasonable collection charge (but not including attorney's fees) imposed by the collection agency.

## ALL FEES ARE DUE UPON RELEASE OF PATIENT

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Signature

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Print Name

# Patient Drop-Off & Additional Services Sheet

Thank you for dropping off your pet with us today. The following information will be used to help our veterinary team accurately complete your pet's medical history for today's visit.

Today's Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Your Name \_\_\_\_\_ Pet Name \_\_\_\_\_

We will need to be able to contact you or someone with permission to make medical and financial decisions.

Who will we be speaking with?  Me or  Name \_\_\_\_\_

1<sup>st</sup> phone \_\_\_\_\_ 2<sup>nd</sup> phone \_\_\_\_\_

## REASON FOR VISIT (check all that apply)

<input type="checkbox"/> Preventive Care	<input type="checkbox"/> Weight Management / Nutritional Questions
<input type="checkbox"/> Comprehensive Exam	<input type="checkbox"/> Other surgical procedure
<input type="checkbox"/> Dental Prophylaxis	_____
<input type="checkbox"/> Spay or Neuter	<input type="checkbox"/> Illness
<input type="checkbox"/> Behavioral Questions	_____
	<input type="checkbox"/> Injury _____
	_____

## ARE THERE ANY CONCERNS FOR: (check all that apply)

<input type="checkbox"/> Eating	<input type="checkbox"/> Weight Gain	<input type="checkbox"/> Car Sickness	<input type="checkbox"/> Behavioral Problem
<input type="checkbox"/> Drinking	<input type="checkbox"/> Itching/Scratching	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Other
<input type="checkbox"/> Bad Breath	<input type="checkbox"/> Difficulty Rising	<input type="checkbox"/> Diarrhea	_____
<input type="checkbox"/> Excessive Sleeping	<input type="checkbox"/> Scooting	<input type="checkbox"/> Skin Masses/Lesions	_____
<input type="checkbox"/> Weight Loss	<input type="checkbox"/> Shaking Head	<input type="checkbox"/> Urination Issues	_____

Additional comments on reason for visit and concerns: \_\_\_\_\_  
\_\_\_\_\_

When did your pet last eat? \_\_\_\_\_  am  pm  Today or  Yesterday

Has your pet ever had an adverse reaction to any medications?  No  Yes

If so, describe \_\_\_\_\_

Has your pet ever had an adverse reaction to vaccines or any procedure?  No  Yes

If so, describe \_\_\_\_\_

Is your pet ever in pain after vaccines or other procedures?  No  Yes

If so, describe \_\_\_\_\_

Is your pet taking any medication(s)?  No  Yes

If so, describe \_\_\_\_\_

Pick up time \_\_\_\_\_  am  pm

Any refills needed? \_\_\_\_\_  No  Yes

# Additional Services for Your Pet's Care & Safety

Please indicate if you would like your pet to receive the following services: Additional charges will apply	YES	NO
<p><b>Pre-med Prior to Vaccinations:</b> We take steps to minimize the chance of an allergic reaction to vaccines. While the chances of a reaction are low, there is always a risk for your pet to react even if they have had no prior history or symptoms of a vaccine reaction. Ask us about your pet's risk level. We may recommend a Diphenhydramine injection prior to vaccination to minimize the chance of reaction, or after a vaccine reaction to lessen its severity if they do react. Post vaccination pain medications are also available. Other medications or treatments may be needed if your pet has a vaccine reaction.</p>		
<p><b>Heartworm Prevention:</b> Does your pet need a refill on heartworm prevention today? Heartworm disease is caused by long slender worms that can reach up to 12 inches in length and live in the heart and adjoining vessels of infected pets. These parasites are transmitted by mosquitoes and are capable of causing substantial damage to the heart and lungs before the pet shows any sign of the disease. (For dogs, a heartworm test must be performed before prevention may be administered)</p>		
<p><b>Flea and Tick Prevention*:</b> Does your pet need a refill on flea and/or tick prevention? Fleas and ticks can carry many diseases and cause discomfort to pets and people. We carry a complete line of products. Ask us about which product is best suited for you and your pet.</p>		
<p><b>Microchip:</b> 1 in 3 pets will get lost during their lifetime. Without identification, 90% of them are never found. This radio transmitter technology helps identify your pet and can increase the chance you will be reunited if your pet is found. (Doctor discretion with very young or small pets)</p>		
<p><b>Pedicure:</b> Long nails can lead to discomfort for you and your pet as well as lead to damage of your home or property. While they are receiving care from us today we would be happy to trim your pet's nails for you. An additional charge also applies if restraint or sedation is required.</p>		
<p><b>Anal Gland Expression:</b> Has your pet been licking, chewing or scooting their backside? These glands may be blocked and need to be manually emptied by a member of our medical team.</p>		
<p><b>Skin and Dental Care Products:</b> Our dermatology products can help address your pet's skin care needs from medicated shampoos and conditioners to ear cleaners. Shampoo _____ Conditioner _____ Ear Cleaner _____ Dental Care _____.</p>		
<p><b>Information for all pets visiting our hospital; please read and initial:</b></p>	<b>Initial</b>	
<p>*A flea control product will be administered to pets with live fleas. This makes your pet more comfortable and protects our hospital from possible flea infestation. When given, a charge will appear on your statement.</p>		
<p><b>If your pet is receiving anesthesia today; please read and initial:</b></p>	<b>Initial</b>	
<p><b>Preanesthetic Blood panel:</b> This is performed for every patient and is included in the estimate for every general anesthetic procedure. Some abnormal results may warrant additional testing and your medical team will contact you to discuss additional evaluation. In some instances, the anesthetic procedure may be postponed or cancelled.</p>		
<p><b>Pain Management:</b> Pre-and postoperative pain medications are given as needed to every anesthetic patient. If determined to be medically indicated, pain medication to go home for your pet may also be recommended and additional charges will apply.</p>		
<p><b>Critical Intervention:</b> While your pet is under anesthesia, critical intervention may be needed to maintain normal heart rate, blood pressure and oxygen levels. In those situations, client permission for critical intervention may not be immediately obtained and, additional charges may apply.</p>		