

COUNTRYSIDE VETERINARY CLINIC, LTD
601 CENTER PARKWAY
YORKVILLE, IL 60560
630-553-7436
DROP-OFF PROCEDURE REQUEST FORM

Date: _____ Pet's Name _____

Owner's Name _____

Name and Number of person whom we may phone _____

Complaint and known length of complaint:

Are there any other health problems that we should be aware of?

Name and dosage of any medications your pet is taking _____

Current Diet _____ Is the pet given table scraps Yes ___ No ___

As the owner or agent of the owner of the above animal, I hereby give my consent to Countryside Veterinary Clinic, LTD. To perform the following procedure(s):

Some pets require sedation for an adequate physical exam, treatment and radiographs.

May we sedate your pet if necessary? Yes ___ No ___ Call first ___

After examination by the Doctor, may we proceed with tests and/or treatment? Yes ___ No ___ Call first ___

Countryside Veterinary Clinic, LTD. is to use all reasonable precaution against injury, escape, or death of my pet. The clinic and staff will NOT be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that ANY problem that develops with my pet while I'm absent will be treated as deemed best by the staff veterinarians and I ASSUME FULL RESPONSIBILITY for the treatment expense involved. If I neglect to pick up my pet within 5 days and do not notify you within that time frame you may assume that the pet is abandoned and are hereby authorized to dispose of the pet as you deem best and I am still responsible for fees incurred.

Signature of Owner/Agent _____

All animals admitted must be current on their vaccinations and must be free of external parasites. Any animal not current on our clinic's required vaccinations and/or found to have fleas or ticks will be treated at the owner's expense.
