

# DROP-OFF VETERINARY CONSENT

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Owner's Name \_\_\_\_\_ Patient's Name \_\_\_\_\_

Dog  Cat  Other \_\_\_\_\_  Male  Neutered  Female  Spayed

Breed \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_

I am the owner or agent of the pet described above, and consent to and authorize the performance of the following procedure(s). I have been informed of the reasons for the treatment/procedure(s), along with the expected benefits and risks involved:

Wound Care  Radiographs  Sedation  Blood Work

Dog/Cat yearly Exam and Vaccines (Day board charge will apply)

Other \_\_\_\_\_

I understand that there are certain risks to anesthesia and/ or sedation that could involve serious bodily injury or death and that these risks are present in any procedure that requires a general or intravenous anesthetic or sedative. I consent to the use of anesthesia and/or sedation.

I understand that unforeseen conditions may require an extension of a planned procedure. I hereby authorize the performance of such procedures or operations as are necessary and advisable in the professional judgment of the veterinarian.

I have read and understand this consent form. I realize that results cannot be guaranteed. I consent to the proposed treatment/procedures.

\_\_\_\_\_  
Signature of Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_

Number(s) we can contact you at TODAY \_\_\_\_\_

Vaccines Current  Vaccine Boosters Needed \_\_\_\_\_