



Frey Pet Hospital, PLC
“Treating your pets as if they were our very own”



Drop-Off - Out Patient Consent

Owner: First/Last Name _____

Patient's Name: _____

Primary Contact Number: _____

1. Reason for being seen today: _____
2. Please list the name and indicate the time the last dose was given for any medication your pet is currently on: _____
3. Please list the current diet name of your pet's food.
 - a. Approximately how much do you feed your pet per day _____
 - b. Approximately when is the last time your pet has ate any food or treats _____
 - c. Please indicate any food allergies: _____

Should any unforeseen procedures be necessary and indicated in the veterinarian's professional judgment, please select one of the following options:

- I prefer that you proceed with all necessary procedures.
- I prefer to be called before any additional procedures, other than emergencies. If I cannot be reached, I DO authorize you to proceed with any procedures as deemed necessary by the doctor. The best number I can be reached at: _____
- If I cannot be reached by phone, I DO NOT authorize any additional procedures.

I am satisfied after speaking with the staff of Frey Pet Hospital that they will treat my pet as they deem necessary for their health, safety, and well-being; however I do understand that no guarantee of successful treatment can be made. I acknowledge that I have read and fully understand this Authorization for Medical Treatment, the reason why such medical treatment is considered necessary, as well as, its advantages and possible complications, if any.

I have received an estimate for the procedure. (If you have not, please ask for one now!) I understand that payment is due at the time my pet is discharged and that a deposit may be required for extensive medical or surgical procedures.

Electronic Signature and Date: _____

Emergency Phone Number: _____