

# Drop-Off and Consent

## Animal Clinic of Benson

10700 SE 208th Street Suite 204 Kent, Washington 98031

Phone : (253) 852 6330 Fax : (253) 856-0805

Email : info@animalclinicofbenson.com

### Patient Information

Date : \_\_\_\_\_

Owner name : \_\_\_\_\_

Patient name : \_\_\_\_\_

Weight : \_\_\_\_\_ lbs. Age : \_\_\_\_\_

Species:  Canine  Feline  Other \_\_\_\_\_

Breed : \_\_\_\_\_

Gender:  Female  Male

Spayed/Neutered? :  Yes  No

### Contact number

( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_ \_



Pick up time will be given to you after drop-off.

Often, it will be within 2-3 hours. Please provide  
the best contact number for us to reach you  
immediately.

### Would you like to take this opportunity to vaccinate your pet?

This may be a great opportunity to vaccinate your pet if  
they are due for any. Check any of the following  
vaccinations that you would like us to administer.

#### Dog (Canine)

- DHPP  H3N2 Flu  
 Bordetella  H3N8 Flu  
 Rabies  Lepto

#### Cat (Feline)

- FVRCP  
 Leukemia  
 Rabies

### Would you like any of the following extra services for your pet today?

- Microchip  Nail trim  Bath  Ear cleaning

### Surgery Procedure

#### Pre-Anesthetic Blood Testing

We have an in-house blood test that can be done  
with almost immediate results. This test will measure  
certain enzymes (liver, kidneys, heart, etc.) as well as  
glucose and cholesterol levels. This is optional but  
recommended. The added price for this test is \$60.

YES, I want a blood test done.

NO, I decline the blood test.

#### Pain Management

We also recommend pain medication that can help  
control your pet's discomfort during their home  
recovery. Post-op pain medications can be sent home  
for you to administer for several days.

YES, I want pain medication to take home.

NO, I decline pain medication to take home.

#### Surgery Consent

By signing below you agree to the following:

"I, being responsible for the aforementioned animal,  
have the authority to grant you my consent to provide  
treatment, prescribe for and or operate upon my pet.  
You are to use all responsible precautions against  
injury, escape or death of my pet, but you will not be  
held liable or responsible in any manner, as I  
thoroughly understand I assume all risks. I also agree  
to pay for all the services rendered."



Thank you for trusting  
us with your pet's care.  
We assure you they are  
in great hands!

Signature :

Date :