

Phone Number:  
Patient:  
Last Name:

## Drop Off Appointment: Pre- Authorization/ Consent Form

\_\_\_\_\_ I decline pre-authorization and request that a staff member contact me after the veterinarian has completed his/ her exam to provide an initial estimate of charges. I understand this initial estimate will be for diagnostic services only and will not include a treatment plan as this may change after review of the diagnostics. If I am unable to be reached to discuss the diagnostic plan, I understand that I may have to reschedule my appointment to a time where I can be present with my pet.

OR

I am the owner/agent for described animal and request an exam for my pet. I authorize the following initial diagnostics if indicated for my pet (please initial):

- Ear/ Skin Infections:** \_\_\_\_\_ **Ear/ Skin Cytology:** We will obtain a sample from your pet's ears or abnormal skin to analyze under the microscope to detect infections and other dermatological conditions.
  
- Lumps and Bumps:** \_\_\_\_\_ **Fine Needle Aspirate:** This test allows us to obtain some cells from the inside of a lump or bump that is concerning. We will then inform you if we recommend sending this test out to a pathologist for a specialist opinion.
  
- \_\_\_\_\_ **Blood work Panel:** CBC and Chemistry Panels allow us to analyze blood counts and organ function. There are a variety of panels your doctor may choose depending on the number of organ systems to be evaluated, therefore **the cost of the test ranges between \$68-230**
  
- \_\_\_\_\_ **Urinalysis:** If your pet is drinking or urinating more than normal, having accidents indoors, or straining to urinate—this test will help us determine if your pet has a urinary tract infection. We will also test the pH of the urine and a USG, which gives us clues about the kidney's ability to concentrate the urine.
  
- \_\_\_\_\_ **Radiograph/ Ultrasound:** Imaging of your pet may be indicated to help determine the source of vomiting, lameness, coughing, difficulty urinating, etc. **The cost for this testing ranges between \$120-250** depending on the condition.

I understand the veterinarian will contact me after they have examined my pet to discuss the recommended treatment plan. I can be reached at \_\_\_\_\_ or \_\_\_\_\_. I prefer email communication: \_\_\_\_\_.

I also understand payment is due when my pet is discharged, however, a deposit may be required after an estimate is prepared and discussed. I accept financial responsibility for charges incurred for this pet. I understand that I will be charged for flea medication and a dose will be applied if evidence of fleas is found on my pet today.

Printed name: \_\_\_\_\_

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