



— THE GARDEN —  
VETERINARIAN

455 Court street  
Brooklyn, NY 11231  
(718) 875-7007  
[cgvetgroup@yahoo.com](mailto:cgvetgroup@yahoo.com)

Client Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_

### Drop-Off Consent Form

Reason for drop-off:

\_\_\_\_\_

Duration and symptoms:

\_\_\_\_\_

\_\_\_\_\_

Have you noticed any:

- Changes in Appetite or Thirst     Changes in Weight     Coughing/Sneezing  
 Changes in Energy Level     Vomiting/Diarrhea     Exercise Intolerance

If so, please elaborate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your Pet ever experienced any of the following:

- Anesthetic complication     Drug/Vaccine Reactions     Serious Illness/Injury/Disease

If so, please elaborate:

\_\_\_\_\_

What is the current diet/how much are you feeding: \_\_\_\_\_



When was the last time the patient has any food: \_\_\_\_\_

List any and all medications (prescriptions and over the counter: \_\_\_\_\_

**Once the doctor has examined your pet:** (check which applies)

- Do not proceed with any diagnostic or treatment recommendations without speaking with the emergency contact
- Proceed with diagnostic and treatment recommendations at the doctor's discretion not to exceed \$\_\_\_\_\_
- Proceed with any diagnostic and treatment recommendations at the doctor's discretion

In the unlikely case of a life threatening emergency:

- I consent to extreme measures including but not limited to CPR, and drug treatments to be taken to prevent death (min. \$300-\$500)
- I do not consent to extreme measures to be taken to prevent death; do **NOT** resuscitate

I understand payment is due at time services are rendered and no payment plans are offered at Carroll Gardens Vet Group. We do accept Care Credit. By signing below, I agree to all the statements above and agree that all the information I supplied on the document is true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

