

Southwest Veterinary Medical Center
2469 Corrales Rd. Suite A
Corrales, NM 87048
(505) 890-8810

Authorization for Drop - Off

Owner's Name

Patient's Name

Breed

I hereby consent and authorize The Southwest Veterinary Medical Center to receive, prescribe for, treat and perform the following procedures (s) or make sure that my pet is examined/treated for the things listed below.

To prevent the spread of infectious diseases and parasites, hospitalized animals must be current on all vaccines and be free of internal and external parasites. I authorize Southwest Veterinary Medical Center to provide vaccines and parasite control when needed.

Every precaution will be taken but all risks with regard to restraint, anesthesia, surgery; the owner and/or undersigned agent hereby assumes care, etc... ALL FEES MUST BE PAID BEFORE THE PET IS RELEASED.

Signature: -----

Printed Name: -----

Home/Daytime Phone: -----

Cell #: -----