



# PET Headquarters

Pet Headquarters | 4920 Verdugo Way, Camarillo, CA 93012 | 8053881990 | petheadvet@gmail.com

## Drop-Off Testing Appointment

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

Procedure or Testing: \_\_\_\_\_

### Sedation Consent:

Most procedures are not painful or significantly anxiety-inducing to pets. Though sometimes when pets are particularly anxious or scared, a sedative is recommended to help administer the test as safely as possible.

*Please choose an option below by initialing:*

**Initial:** \_\_\_\_\_ I consent to having my pet receive a sedative prior to the procedure if it is deemed necessary by the veterinarian. I understand this may add approximately \$ 85 - \$200 to the procedure.

**Initial:** \_\_\_\_\_ I do not consent to my pet receiving a sedative today. I understand that the scheduled testing may not be performed.

### Additional Services Request:

I would like PHQ to perform these additional treatments while my pet is in the facility:

- Nail trim (\$20)
- Microchip Placement (\$ 65)
- Ear Cleaning/Flush (\$38 - \$54)
- Administer Vaccinations Due (cost varies - \$22- \$ 38 per vaccine)

### Emergency Authorization:

In the extremely rare event that life-saving treatments are required, we need to know your preference:

**Initial:** \_\_\_\_\_ DNR - Do not resuscitate.

**Initial:** \_\_\_\_\_ CPR - Provide life-saving measures. I understand that the outcome of these measures is never guaranteed, and that an additional cost may be incurred (approximately \$350-600 for initial treatment).

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

Contact Phone Number #1 \_\_\_\_\_ Text message okay: Y / N

Contact Phone Number #2 \_\_\_\_\_ Text message okay: Y / N

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{OFFICE USE ONLY} Technician/DVM Witness (initials) \_\_\_\_\_ Discharge Time \_\_\_\_\_