



87801 Overseas Hwy, Islamorada, FL 33036

Phone: (305) 852-3665 Fax (305) 852-9646

www.upperkeysvet.com

Intake Technician: _____

**Upper Keys Veterinary Hospital
Grooming Drop Off Form**

Owner's First & Last Name: _____

Pet's Name: _____

Date: _____

Phone Number: _____

I am the owner of the above named animal or am responsible for the animal and have authority to execute this consent. I hereby authorize the performance of the following procedures:

Do you have any special requests today?

I understand that during the performance of a procedure, unforeseen conditions may be revealed, and it may be necessary that additional services be completed. The hospital will make every effort to consult me before any necessary changes. In addition, I agree to be responsible for the payment of charges for procedures, treatments and testing in full at the time of discharge.

I understand that all pets admitted to the hospital must be protected against communicable contagious diseases and must be free of internal and external parasites or will be treated upon entry or discovery at the owner's expense.

Should an **emergency** arise, I authorize the medical staff to sedate my pet and/or perform such emergency procedures as may be necessary for the health of my pet until I can be notified. I agree to pay, in full, all charges for necessary services rendered for pet. Therefore, I consent to and authorize procedures performed for and to my pet during the duration of my pet's visit.

Owner's Name: _____

Owner's Signature: _____ **Date:** _____

Number(s) where I can be reached during the day: _____