



BIRD & PET CLINIC OF ROSEVILLE

3985 Foothills Blvd., Roseville, Ca. 95747
(916) 773-6049

Drop-Off Examinations / Procedures / Hospitalization

Owner's Name _____ Date _____

Pet's Name _____ Male / Female Age _____

Species _____ Breed _____ Color _____

Procedure _____

Drop-off Examinations

The technician admitting your pet this morning will be unable to assess its condition or provide an accurate estimate of fees without a prior examination by a doctor. The doctor will examine your pet as soon as possible and you will be contacted by phone, usually between 10:00 AM and 3:00 PM for a discussion of your pet's condition, the doctor's recommendations, and a fee estimate. Until we reach you by phone, no diagnostic work or treatment will be performed with the exception of emergency first aid as needed. Beyond examination and emergency first aid treatment, no charges will be incurred before the doctor contacts you. Please leave a telephone number where you will be readily available.

Drop-off Procedures / Hospitalization

Once an estimate for procedures and hospitalization is approved, we will begin obtaining diagnostics and treating your pet as discussed with the doctor. As procedures are completed, treatment plans are modified, or if your pet's condition changes, the Bird and Pet Clinic of Roseville will update you by phone.

Deposit / Payment

You are required to leave a deposit (up to 50% of the estimate) before your pet can be dropped off. The deposit will be applied towards the examination, hospitalization, procedures, and treatments. You are responsible for full payment for all services rendered, due at the time discharge.

If you are unavailable for phone consultation or fail to provide an appropriate deposit, the Bird and Pet Clinic of Roseville is NOT responsible for providing treatment beyond emergency first aid. You are required to pay for any emergency treatment that the Doctors of the Bird and Pet Clinic feels is required to keep him or her alive in case of emergency. That cost varies depending on the treatment.

If your pet's condition is serious enough to warrant a recommendation of humane euthanasia, we will require your authorization prior to the procedure.

Signature _____ Date _____

Phone _____

**** Please leave a number where you will be readily available to receive a call from the Doctor. ****