



# Hayes Barton Animal Hospital

## Drop Off Consent Form

Pet's Name: \_\_\_\_\_

### Pick Up

Today is \_\_\_\_\_ we close at \_\_\_\_\_ pm.

If your pet has not been picked up by closing, he or she will be cared for overnight and one night's boarding charge will be added to your bill.

### Contact Information

Phone number(s) where you can be reached today  
\_\_\_\_\_

Check here if you would like a text message when your pet is ready to be picked up.

### Authorization

I authorize Hayes Barton Animal Hospital to treat my pet. I understand that no guarantee of successful treatment is made. I accept financial responsibility for the treatment of the above named patient, and I understand that payment in full is due upon release of the patient from the hospital or when service is otherwise terminated.

Owner's Name \_\_\_\_\_ Signature \_\_\_\_\_  
(Please print)

Date \_\_\_\_\_

Hayes Barton Animal Hospital  
1516 Glenwood Avenue Raleigh, NC 27608  
(919) 833-2666

[www.hayesbartonanimalhospital.com](http://www.hayesbartonanimalhospital.com)