



Gilbert Queen Creek Emergency Veterinarian
1861 E Rittenhouse Rd. Bldg. B Queen Creek, Az 85142
Phone: 480-674-3200 / Fax: 480-674-3201
Website: www.GQvet.com

Valley Fever Drop Off Consent Form

Owner: _____

Client Number: _____

Address: _____ Phone: _____ Patient

Name: _____ Species: _____ Breed: _____ Age: _____ Color: _____

Sex: _____

_____ I am either the owner of {AnimalName} or the responsible party for said pet and have the authority to give this consent. I am at least 18 years of age. By signing, I am agreeing that {AnimalName} have an exam performed and diagnostics that are needed. I agree to indemnify and hold Gilbert Queen Creek Emergency Veterinary clinic and its employees harmless from and against any and all liability arising out of the performance of any of the procedures referred here.

_____ I hereby authorize the performance of an exam by Doctor Shubitz and her team along with a virtual consultation with Dr. Shubitz. I understand the cost of a virtual consultation is \$100.00 and that diagnostics will be charged at an additional cost. I understand that GQ Vet cannot guarantee a time that my pet will be available for discharge. GQ Vet will ensure to communicate with me a time to pick up my pet.

- Additional Diagnostics: X-rays: \$404.22
- Coccidioides Screen and Titer: \$296.40
- Comprehensive/CBC: \$302.42
- Urine Protein Creatinine Ratio: \$343.82
- Urinalysis \$141.96

I expect the Gilbert Queen Creek Veterinary Emergency and Specialty Center to use reasonable care and judgment while performing an Ultrasound Diagnostic. If it is found that sedation or anesthesia is necessary for {AnimalName}, I choose **ONE** of the options below:

_____ Please use sedation if necessary. I understand that there will be an additional cost of up to \$156.00.

OR

_____ Please call before the use of sedation or anesthesia. I understand that failure to answer may result in the delay of the procedure or later pick up time, or may result in rescheduling the procedure for a different day.

Is your pet on any medications/dietary supplements? When were they last given?

How is your pet doing? Eating and Drinking? Vomiting? Diarrhea?

Any new symptoms since the last visit to the vet?

Any recent diagnostics performed?

Signature _____ Date _____ Phone _____