



Drop – Off Information Sheet

Client Name: _____ Pet's Name: _____

Phone number to be reached at today: _____

Procedures/Treatments to be performed: (Circle)

<i>Physical Examination</i>	<i>Bath</i>	<i>Bloodwork</i>	<i>Radiographs</i>
<i>Vaccine Update</i>	<i>Anal</i>	<i>Urinalysis</i>	<i>VOM Adjustment</i>
<i>Deworming</i>	<i>Nail trim</i>	<i>Boarding</i>	<i>Other</i> _____

Please provide a brief description of your concerns for today?

Is your pet on any medications? Yes or No
If yes, what medications: _____

Has your pet eaten this morning? Yes or No If yes, at what time? _____

What is your pet's diet? _____

Any vomiting? Yes or No **Any diarrhea?** Yes or No If yes, for how long? _____

Is your pet on monthly flea control? Yes or No If yes, what kind? _____

All pets admitted with fleas or ticks will be treated at the owners expense with a 24hr capstar at an additional cost of \$10.11- \$10.20 per treatment depending on the pets weight

If an emergency where to occur what CPR would you like MVC to perform: (Circle one please)

0 -Do not resuscitate

1 – CPR Grade 1 Minimal attempt Injection- \$96.00

2 – CPR Grade 2 Chest Impressions- \$239.50

3 – CPR Grade 3 Do all that's necessary, including opening the chest- \$529.50

I authorize the use of my pet's picture to be portrayed in a positive matter for the purpose of teaching/learning and social media. Initial: _____

AUTHORIZATION FOR EXAMINATION, TREATMENT, AND ASSUMPTION OF ALL FINANCIAL RESPONSIBILITIES:

I, the undersigned, authorized the veterinarian(s) and their staff to examine the patient specifically described and identified above and to administer any medical, surgical treatments and/or test, including sedation or anesthesia which is considered necessary based on findings during the course of examinations. I assume responsibility for all charges incurred for services rendered to the patient upon pick up this pet.

Owner or Authorized agent _____ **Date** _____
(over the age of 18yrs)