Drop – Off Information Sheet

Client Name: ___________________________ Pet’s Name: ___________________________

Phone number to be reached at today: ____________________________________________

Procedures/Treatments to be performed: (Circle)

Physical Examination   Bath   Bloodwork   Radiographs
Vaccine Update         Anal   Urinalysis   VOM Adjustment
Deworming              Nail trim Boarding   Other __________________

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 were 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)