

Mono Way Veterinary Hospital
DROP OFF EXAMINATION FORM

Date: _____

Client Name: _____

Patient Name: _____

Species: _____

PHONE NUMBERS WHERE YOU MAY BE REACHED TODAY:

1. _____ 2. _____

Reason for today's visit: _____

How long has your pet been showing these symptoms? _____

Is your pet currently taking any medications? Yes No If Yes, please list below:

1. _____ 2. _____ 3. _____

What time did your pet last receive his/her medications? _____

Important medical history/ongoing conditions: _____

Is your pet on **heartworm preventative**? ___ Yes, monthly ___ Yes, not regularly ___ No

PLEASE CHECK BELOW THE TESTS/PROCEDURES YOU APPROVE FOR YOUR PET:

Anesthesia/Sedation: ___ I Approve ___ I Decline ___ Call First

IV Fluid Therapy ___ I Approve ___ I Decline ___ Call First

Lab/blood tests: ___ Pre-Anesthetic Bloodwork ___ I Decline ___ Call First
___ Heartworm test(K9) ___ FeLV/FIV test(Fe) ___ I Decline ___ Call First
___ Other blood work, at Drs. discretion ___ I Decline ___ Call First

Radiology/X-rays: ___ Approve ___ Decline ___ Call First

Vaccines: ___ Yes, give them if due ___ No, do not give them ___ Call First

Pain Medication: ___ Yes, prescribe pain meds. ___ No, I decline pain meds ___ Call First

I, the undersigned owner or authorized agent of the above referenced admitted patient, hereby authorize Mono Way Veterinary Hospital to administer such treatment as is deemed necessary by the doctors. I also understand that my pet will be examined for external parasites and will be treated accordingly at my expense. *I also consent to the administration of such anesthetics as necessary and I understand that there is always some inherent risk with any anesthesia. I hereby hold harmless Mono Way Veterinary Hospital and its doctors and staff for any complications related to the surgical/anesthetic procedure. I also acknowledge that I have been completely informed of the procedure/anesthesia to be performed. The success of any surgical or medical treatment can not be hereby expressed or implied.

Signature of Owner/Authorized Agent _____ Date: _____