



Drop Off Examination

We have arranged for you to leave your pet here to allow the doctor to examine your pet. Please fill out the information as best known to help us in the process of treating your pet. Do not leave any blank spaces and use back of sheet for more room.

Place Label Here	Reason for visit, include any comments/concerns. <i>(Please include as many details as possible)</i>

What medications is your pet taking and when were they last given?

What is your pet's regular diet and when did they last eat?

I approve charges up to \$ _____ .00 due at pick up. *We will call you before exceeding this amount.*

Pricing Estimates (-/+)	Urgent Care \$125-\$250+	Ultrasound/Xray \$140-\$225+	After Hours \$250
Bloodwork \$165+	Fecal/Urine Test \$58-\$90+	Isolation \$110-\$160+	In Clinic Care \$70-\$150+
Laceration Repair \$190-\$620+	Abscess \$140-\$240+	Sedation \$145-\$375+	Go Home Meds \$50+

Please initial for understanding.

	I am the owner/authorized agent for the above named animal, and authorize an examination/treatment for my pet. I understand that pain medication will be provided if deemed reasonable. I understand that the doctor will contact me after the examination to discuss recommended diagnostics and treatment.
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	I agree to pay for services rendered at pick up, including those deemed necessary for medical or unforeseen circumstances. If unforeseen conditions arise, in the judgment of the attending veterinarian, a call for authorization of procedures or treatments other than those now being authorized will be made. In an emergency situation, life saving treatment may begin before the owner can be contacted.
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	Depending on the nature of the issue, sedation or general anesthesia may be required. I understand that my pet's procedure may require general anesthesia and /or sedation. All precautions will be taken to ensure the safety of my pet. However, I have been informed of the possible risks associated with anesthesia / sedation, and that I am responsible for associated charges. I officially release Valley Veterinary Clinic of any liability pertaining to this procedure (before, during, or after surgery).
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Personal Wishes: It's very important for our staff to know how to immediately respond to an unexpected and potentially life-threatening situation. In the event of cardiac or respiratory failure, **please choose one.**

	No, I do NOT wish for resuscitation efforts to be performed on my pet. (DNR)
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	Yes, I wish to have any/all efforts at resuscitation performed. Techniques may include (but are not limited to) basic CPR, IV medications, ventilations, and/or surgical techniques. I realize that additional costs may be incurred and I agree to pay these costs in full during time of treatment.
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Client Signature _____ Date _____

Printed Name _____ Phone _____