Mono Way Veterinary Hospital
DROP OFF EXAMINATION FORM

Date: _____

Client Name: _____

Patient Name: _____

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

IV Fluid Therapy _____I Approve _____I Decline

Lab/blood tests: ___Pre-Anesthetic Bloodwork ___I Decline
___Heartworm test(K9)___FeLV/FIV test(Fe) ___I Decline
___Other blood work, at Drs. discretion ___I Decline

Radiology/X-rays: ___Approve ___Decline

Vaccines: ___Yes, give them if due ___No, do not give them

Pain Medication: ___Yes, give/prescribe pain meds ___No, I decline pain meds

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.

_____ Date: _____

Signature of Owner/Authorized Agent