

MOUNT SPOKANE VETERINARY HOSPITAL - DROP OFF FORM

Date: _____ Owner Name: _____

Best phone number for **TODAY**: _____

Pet Name: _____ Breed: _____ Age: _____

Sex: _____ Spayed/Neutered? _____

Please describe the reason for today's visit: _____

Is your pet currently on any medications or supplements? _____

Is your pet mostly indoors or outdoors? _____

Is your pet up to date on vaccines? _____

*** To better care for your pet, diagnostic tests may be needed, such as blood work, x-rays, etc. Costs for diagnostic testing may range from \$65 to \$300, plus the cost of the initial examination. May the doctor perform the diagnostic tests best suited for your pet? **Yes** **No** **Call first**

*** Some pets require sedation for an adequate physical examination or diagnostics, such as x-rays.

** May we sedate your pet, if needed? **Yes** **No** **Call first**

I understand that administration of sedatives and/or anesthetic agents in conjunction with any necessary surgical procedures always involves some risk, and agree to hold Mount Spokane Veterinary Hospital (MSVH) harmless, in the absence of negligence, in connection with these procedures. I also understand that no guarantee or assurance has been made to me regarding results or outcomes resulting from these procedures. In the event that I cannot be immediately contacted at the above-listed phone number, MSVH is directed make the decision deemed best for the pet.

MSVH is to use all reasonable precaution against injury, escape or death of my pet. The clinic and staff will not be held liable for any problems that develop, provided reasonable care and precautions are followed. I assume full responsibility for the treatment expenses involved, and agree to hold harmless MSVH in the event of injury or death. If I neglect to pick up my pet within 5 days of the date below and do not notify you within that time frame, MSVH may assume that your pet is abandoned and is hereby authorized to proceed accordingly

Owner/Agent : _____ Date: _____