



4422 County Road N
Orland, CA 95963
United States
(530) 865-5634

PATIENT DROP-OFF EXAMINATION INFORMATION

DOCUMENT GENERATION DATE:

CLIENT:

PATIENT:

HISTORY:

Core Vaccines:

Expired Reminders:

Microchip:

When did you first notice your pet's problem? _____

Does your pet have a history of having seizures?

Is your pet eating normally? If NO, DESCRIBE: _____

Drinking normally Drinking less than normal Drinking excessive quantities

Is your pet vomiting?

Does your pet have diarrhea?

Would you like us to update any past due vaccines during your pet's visit (besides Rabies)?

Is your pet currently on any medications? If YES: MEDICATION : _____ LAST GIVEN:

Does your pet have access to poisons, pesticides, or other harmful substances? If YES, PLEASE LIST:

Do we have permission to sedate your animal, if necessary?

CONSENT FOR TREATMENT

To diagnose and treat many problems, radiographs, blood tests, and other diagnostic procedures may be needed. Please read the statement below and inform us of any questions or concerns that you may have regarding today's procedure(s). In the event of a life-threatening condition, we will stabilize your pet and call you as soon as possible. Please make certain you leave a phone number where you can be reached. Payment for services rendered is due at time of discharge.

I am the owner or the authorized agent for the owner of the animal described above, and I have the authority to execute this consent. My signature below certifies that I am over eighteen years of age.

I have been informed that there are certain risks and complications associated with sedation, anesthesia, and/or any operation/procedure and that the risks/complications have been explained to me. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures deemed necessary by the veterinarian. I am encouraged to discuss any concerns I have about these risks with the attending veterinarian before the procedure is initiated.

I authorize the use of appropriate anesthesia and pain relief medication as needed before, during or after the procedure. I have been informed that there are risks associated with the use of any medication.

The nature of these operations or procedures has been explained to me and I understand what will be done. I am aware that the practice of veterinary medicine is not an exact science and, thus, there are no guarantees for successful treatment. I have been encouraged and given the opportunity to discuss any questions I may have regarding my pet's medical care and my questions have been answered to my satisfaction. I accept that my financial obligations remain regardless of the outcome.

Please select one of the following options:

I pre-approve treatment as the veterinarian deems necessary, up to \$_____. I understand that the veterinary staff will contact me for further consent if the recommended treatment will go over this pre-approved dollar amount.

OR

I wish to be contacted with an estimate after an examination is completed and before any additional treatment not previously discussed is performed. I understand that if I cannot be reached in order to discuss additional treatment, any further procedures may need to be rescheduled for a future date based on time constraints.

CPR/DNR

In the event that Meeting should experience cardiac or respiratory arrest while under our care, do you give consent for resuscitative efforts to be initiated until you can be contacted further and notified of Meeting's status?

By consenting to this service, you are also acknowledging that certain charges will apply. If you are not able to be contacted immediately, resuscitation efforts will be continued to be performed at the doctor's discretion.

I agree to CPR being performed in case of arrest and agree to any financial obligations as a result of CPR being performed regardless of outcome.

I elect a "Do Not Resuscitate" status in case of arrest.

OWNER RELEASE AND CONSENT

MVVH Orland, Inc., doing business as Mid-Valley Veterinary Hospital, will use all reasonable precautions against injury, escape, or death of your pet. I understand that anesthesia and surgery always involve some risk to your pet and agree to

hold Mid-Valley Veterinary Hospital harmless, in the absence of negligence, in connection with these procedures. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained. In the event complications arise and I cannot be immediately contacted at the below-listed phone number, Mid-Valley Veterinary Hospital is directed to make the decision(s) it deems best for my pet. I have read the foregoing, understand what it says, and hereby accept and agree to these terms.

SIGNATURE:

DATE:

(owner/agent)

PHONE NUMBER(S) WHERE YOU CAN BE REACHED TODAY: