



Mendakota Animal Hospital Drop Off Form

Date: _____

Best Contact Number (today): _____

Owner Name: _____

Pet Name: _____

Known Medical Conditions: _____

What is the primary concern/ What are the symptoms? _____

Is this the first time your pet has had this issue? Yes No

If yes, when did it start? _____

If no, did the veterinarian treat the problem or did the problem go away? Treated Went away

Is your pet allergic to any medications? Yes No If yes, which medications? _____

Please list all medications your pet is currently on: (Example: Novox 25mg, give 1 tablet by mouth twice daily, last given on 08/05/2022 at 9:00am)

Please read the following and **check one** box below:

- I authorize to examine my pet and perform diagnostic tests and treatment not exceeding \$350.
- I authorize diagnostictests and treatment as recommended by the veterinarian without telephoning me.
- I authorize the veterinarian to examine my pet. Call me at _____ to discuss diagnostic testing and/or treatment. I understand that the veterinarian will not proceed with diagnostic testing or treatment without my authorization.

By signing this form, I acknowledge that I am responsible for and/or am authorized to make decisions in regard to the above listed pet's medical care.

Signature

Date