



Drop Off Information Form

Today's Date / / Pet Name _____ Owner name _____

Reason for visit today: _____

The following are a list of diagnostic procedures that allow us to give your pet the best treatment. In the event that you cannot be contacted, please indicate which procedures you will allow our veterinarians to perform, if necessary.

Blood work

Some conditions may not be evident on physical exam. Diseases of the liver, kidneys and blood are often not detected unless a blood screen is done. These tests may be required for accurate diagnosis in your pet.

Complete Blood Count (measures white and red blood cells) Cost = \$45.00 Accept___ Decline___
General Health Profile (12 test for blood chemistry) Cost = \$78.00 Accept___ Decline___

Urinalysis- (Ultrasound-guided sample and evaluation)

A complete evaluation of the urinary bladder and urine gives insight into many disease processes as well as definitive diagnosis of urinary tract infection.

Cost = \$76.12 Accept___ Decline___

Radiographs (x-rays)

Injuries, emergencies and other diseases are best diagnosed with radiographs. Radiographs allow us to evaluate internal organs- heart, lungs, liver, spleen and intestines. We can also identify fractures of bones and joint injuries.

2 view radiographs (price based on weight) Start at \$136.00 Accept___ Decline___

Sedation is sometimes required to perform these diagnostics.

Start at \$38.50 Accept___ Decline___

Additional/Optional Treatments

Microchip implantation Cost = \$58.50 Accept___ Decline___
Heartworm test Cost = \$39.37 Accept___ Decline___
Leukemia/FIV Test Cost = \$59.85 Accept___ Decline___
Intestinal Deworming (price based on weight) Accept___ Decline___
Medication refill: _____

In Case of Emergency

I **AUTHORIZE/DECLINE** (circle one) the doctor or staff in an emergency situation to follow through with such procedures as are necessary for the well being of my pet on a continuing basis regardless of the cost, which I understand can not be estimated at this time. I understand that I assume a financial responsibility for all services rendered during this emergency situation.

Signature _____ Emergency contact/ phone # _____

DETAILED ESTIMATES ARE AVAILABLE UPON REQUEST.

I do hereby forever release the doctor and/or staff from any and all liability arising from said care on said animal.

Animal name _____ Date _____

Signature _____ Witness _____

Printed Owner Name _____