



# Mountain View Veterinary Health Center Patient Drop-Off Form

We recommend Veterinary care that results in a personal face-to-face relationship between our doctors, clients and pets, however, we realize that emergencies and busy days do not always leave time for some of the “need to do things” that we never seem to get done. With this in mind we offer our drop-off service. Please take a few moments to define clearly what problems you would like us to address while your pet is here. It is critical for us to know as much of the history of the problem as you can recall. It is also very important that you let us know how you can be reached during the day. The doctor will examine your pet as soon as time allows and will call you immediately thereafter. If you have not heard from us by 1:00 PM, please call us to check in with the doctor.

**Owner's Name** \_\_\_\_\_ **Pet's Name** \_\_\_\_\_

**Contact Person** \_\_\_\_\_ **Phone Number(s)** \_\_\_\_\_

**Time that Owner will call for an update** \_\_\_\_\_

**Pick up Time** \_\_\_\_\_

**Check all that apply:**

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Vomiting                | <input type="checkbox"/> Diarrhea                  | <input type="checkbox"/> Scratching  |
| <input type="checkbox"/> Sneezing                | <input type="checkbox"/> Lameness or Stiffness     | <input type="checkbox"/> Lethargy    |
| <input type="checkbox"/> Hair Loss               | <input type="checkbox"/> Lack of Appetite          | <input type="checkbox"/> Weight Loss |
| <input type="checkbox"/> Change in eating habits | <input type="checkbox"/> Change in drinking habits | <input type="checkbox"/> Injury      |
| <input type="checkbox"/> Behavior changes        | <input type="checkbox"/> Seizure                   | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Vaccines _____          | <input type="checkbox"/> Coughing _____            |                                      |

Please provide details. Any other problems? How long has your pet been exhibiting these symptoms? How often? If additional space is necessary, please use the back of this page.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**You will be charged an exam fee of \$38.00.** In addition, a day boarding charge of \$8.10-\$17.35 (depending on weight and species) may apply. To effectively diagnose and treat many medical problems, x-rays, blood tests and other diagnostic procedures may be necessary. Please indicate below the expense range (in addition to the exam and boarding charge) you authorize for the diagnosis and treatment of your pet without calling first.

\$0-\$100     \$100-200     \$200-\$300     up to \_\_\_\_\_

I wish to be called prior to any further services with an estimate.

**Signature** \_\_\_\_\_

Date \_\_\_\_\_



Doctor \_\_\_\_\_