



DAYTIME ADMIT FORM

CLIENT: _____ PET'S NAME: _____
SPECIES: _____ BREED: _____ SEX: _____ AGE: _____

I am the owner or authorized agent of owner of the above-described animal and have the authority to sign this consent. I hereby authorize the performance of the following procedure(s): _____ on the date of: _____.

The nature of such procedures has been explained to me to my satisfaction and, while I accept that all procedures will be done to the best abilities of the professional staff, I realize that no guarantee or warranty can ethically or professionally be made regarding results or cure. I have been made aware of the possible complications and risks and understand that no anesthetic or sedative is risk free.

Appetite: [] Good [] Fair [] Poor

Diet _____ Last ate at _____

Vomiting or Diarrhea? _____ If yes, frequency? _____

Sedation may be required for your pets and the staffs' safety prior to performing the above procedure.
[] I authorize MVVC to sedate my pet.
[] I DO NOT want MVVC to sedate my pet.
Blood work is an important diagnostic tool to evaluate organ function and may be requested prior to sedation.
[] I authorize MVVC to obtain pre-anesthetic blood work on my pet.
[] I DO NOT want MVVC to obtain pre-anesthetic blood work from my pet.
Needle aspiration and cytology may be required for further diagnostics.
[] I authorize MVVC to perform cytology on my pet.
[] I DO NOT want MVVC to perform cytology on my pet.
Under sedation, nail trims are complimentary.
[] I authorize MVVC to give my pet a nail trim at no cost to me.
[] I DO NOT want my pet to have their nails trimmed.
If fleas or ticks are found on your pet, we will treat your pet to kill the parasite. The fee for this treatment is \$24.00. _____

Signature: _____ Contact phone: _____