

Animal Hospital of Melissa
Drop-Off Consent Form

Internal Anal Gland Expression

Patient Name: _____ **Client Name** (first & last): _____

Reason for Visit (Brief description - A teammate will get a full history at check-in):

* Please fill out the Pre-Exam Questionnaire to speed up the check-in process.

(INITIAL ONE)

_____ I authorize Animal Hospital of Melissa to perform the charges estimated according to the signed treatment plan **prior to contacting me.**

_____ I authorize Animal Hospital of Melissa to perform diagnostic services (i.e. bloodwork, imaging, cytology, etc.) up to \$300, at the veterinarian's discretion **prior to contacting me.**

_____ I prefer to be contacted by my pet's veterinarian **prior to diagnostics.** I understand this may delay treatment and extend my pet's time in the hospital.

(INITIAL ONE) In the event of an emergency with my pet I would like the following care initiated while the staff contacts me:

_____ **CPR** (emergency medication administration, oxygen therapy, chest compressions, etc.)

_____ **DNR** (DO NOT INITIATE CPR. Comfort my pet while allowing them to pass naturally.)

By signing below I authorize Animal Hospital of Melissa to provide care for my pet. I will be contacted by the veterinary team to keep me updated on my pet's status once an exam and/or diagnostics have been completed. I agree to pick up my pet within a timely manner once treatment is completed. If I am unable to pick up my pet prior to close, additional charges will be incurred. I also understand that any fleas found on my pet while in the hospital will be treated at my expense.

Client Signature: _____ **Date:** _____

Phone Number(s) where I can be reached: _____