



Mandarin Landing Animal Hospital

Ann Silverness, DVM

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MEDICAL TREATMENT DROP OFF FORM

Please read carefully and complete.

Owner: _____

Pet Name: _____

Pick Up Date: _____

Pick Up Time: _____

Phone number(s) where you can be reached TODAY _____

Medications (name, dose, frequency): _____

Known medical conditions: _____

Is your pet on any special diet? If so, what diet? _____

FLEA POLICY

We are a "Flea Free" facility. Any animal admitted that has live fleas will be given an oral dose of CAPSTAR (fee of \$5-\$7) and may also be required to have a flea bath (\$24 - \$34) upon admission and in addition to the discharge bath. Capstar will kill all adult fleas within 10-15 minutes, but has no residual action beyond that day. It is safely combined with all other flea control measures. We can also apply Frontline Plus by your request.

HEARTWORM, FLEA AND TICK PREVENTION INFORMATION

Is your pet on heartworm preventative? Yes No

If so, which prevention product do you use?: Heartgard Plus Sentinel Other _____

Have any doses been missed? Yes No Last given when? _____

Is your pet on flea or tick preventative? Yes No

If so, which prevention product do you use?: Frontline Plus Advantage Other _____

Last given when? _____

HEALTHCARE AND TREATMENT

Medical problems may arise or be noticed during a pet's drop off appointment. In order to make a complete diagnosis, additional diagnostics may be required. Blood work, x-rays, urinalysis, fecal analysis and cytology are common diagnostic tests used to help determine cause and treatment.

Please indicate your choice of action in the case of any health concerns the doctor may have regarding your pet.

*Do you wish the doctor to perform necessary tests? Yes Call First

*Once a cause is determined, do you wish the doctor to begin treatment? Yes Call First

*May we sedate your pet if necessary? Yes Call First

Occasionally patients would benefit from overnight hospitalization. Please be aware that we do not have overnight nursing care and in extreme cases when an animal needs overnight nursing care they will need to be transferred to an animal emergency hospital. _____(initial)

If the pet should injure itself, become ill, or expire while in the hospital, I will not hold Mandarin Landing Animal Hospital and staff responsible in the absence of gross negligence. _____ (Initial)

Listed below are the health maintenance services recommended to be addressed at today's appointment:

Please list any additional service(s) you would like to request:

PAYMENT AND PICKUP POLICIES

Payment in full is required when the pet is released. Pickups are to be during regular office hours only.

I hereby acknowledge that I am the owner/agent of the above-described animal and have the authority to execute this consent. I have read this release and fully understand the terms and conditions. I certify that I hereby consent and authorize the performance by Mandarin Landing Animal Hospital of the above-listed procedure(s) &/or treatment(s).

Signature of Owner or Authorized Agent
[\\MLAH-PDC\avimark\mydocuments\Hospital](#) Forms

Date _____