

MOXEY SCHREIBER VETERINARY HOSPITAL, INC

1650 Commercial Avenue, Sheridan, Wyoming 82801

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Drop Off Information and Consent Form

Client Name _____ Patient _____

Telephone number in which you can be reached at today: _____

Please complete this form with as much relevant information that you can think of.

Reason for visit _____

When did you first notice problem? _____

Pre-existing condition or medications:

Have you given any medications/treatments for problem? Y or N
If so, what medication and when was it given?

Please describe in detail what your animal is doing (such as abnormal discharges-character and frequency; lameness-which leg, severity; cough-dry or moist, at rest or when active; itching-any food-environment changes)

In order for us to diagnose your animal, additional tests such as bloodwork, urinalysis or radiographs may be necessary. Please indicate whether you would like us to:

Proceed with diagnostic tests: _____ OR Notify me first _____
Blood Work _____ Radiographs _____ Other _____ (We Must Have a Telephone Number)

If your animals treatment requires sedation or anesthesia please indicate whether you like us to:

Proceed with anesthesia/sedation and treatment _____ OR Notify me first _____

Owner/Guardian: _____ Date: _____