

Malibu Coast Animal Hospital

Drop-Off Exam Admitting Form

Patient Label

Phone number(s) where you can be reached today: _____

I understand it is the policy of Malibu Coast Animal Hospital that my pet be current on required vaccinations. Documentation must be provided before or at drop-off. If I am unable to provide documentation my pet will be vaccinated upon intake and I will be responsible for the associated charges. _____
(Initial)

Please indicate the reason for your pet's visit and any additional treatments or procedure you would like to have addressed today below.

Do you have a preferred Doctor? Please indicate your preference below.

☐ Dr. Dean Graulich

☐ Dr. Lisa Newell

☐ Dr. Dana DePerno

☐ Dr. Victor Erenberg

We will perform a complete physical examination on your pet. After the exam the doctor may find it necessary to perform diagnostic tests to better evaluate your pet. **Please indicate by initialing below which (if any) diagnostics the doctor may perform.**

_____ I authorize the doctor to take x-rays or perform an ultrasound.

* Cost for X-rays is \$ 125 - \$232. Cost for Ultrasound is \$280.

_____ I authorize the doctor to collect and submit any lab work necessary to aid in diagnosing my pet.

* Cost for lab work varies depending on test submitted.

_____ I do not want anything besides the physical exam performed without my verbal consent.

We offer HomeAgain Microchip Implantation to help protect your pet should he or she become separated from you. Would you like us to place a microchip in your pet today? Please initial your choice below. Cost for the microchip and registration is \$71.00.

Yes _____

No _____

Would you like a detailed estimate presented to you before any procedures are performed? Please initial your choice below.

Yes _____

No _____

Owner Signature

Date