



**Dr. Glen Melton
Dr. Kellie Jones**

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Drop-Off Admission Form

Client's Name: _____ Patient's Name: _____

Please leave a telephone number where you can be reached today: #1: _____

(Please understand that services may be delayed until we have your verbal authorization, so please always keep your phone available!)

What is the reason for today's visit?

Did your pet eat this morning? ___ Yes ___ No If so, what time? _____

Current medications and dosage? _____ If so, when was last dose given? _____

Please circle any services you would like performed today. (These services may be performed for an additional fee)

Nail Trim (\$15-\$30) Anal Gland Expression (\$20.60) Ear Cleaning (\$18.58) Microchip Placement (\$47.90)

What time would you like to pick up your pet? _____ **(Please note this does not guarantee your pet will be ready by this time)**

Please Check a Budget Amount up to \$200 ___ \$201-\$350 ___ \$351-\$500 ___ No Budget ___

Authorization

I hereby authorize the doctors (and the assistants the doctor may designate) of Melton Veterinary Hospital to administer such treatment, diagnostic, anesthetic, and surgical procedure(s) as each of them deem necessary for the patient described above. None of the above will be held liable in any manner for the care, treatment, or safekeeping of said patient. It is thoroughly understood that I assume all risks. If any external parasites (fleas/ticks) observed on a pet will be treated while in the hospital at the owner's expense.

By signing this agreement, I understand that my pet will be examined and treated as deemed necessary by the doctors and staff at MVH. I will be responsible for payment at the time of picking my pet up. If you are unable to pay or need an estimate prior to leaving your pet, please ask a staff member. We thank you for entrusting your pet's care to us.

Signature of owner: _____ Date: _____