

Drop-Off Consent

Mission Road Animal Clinic
9420 Mission Road
Prairie Village, KS 66206
(913) 649-0552

Your Name:
Pet's Name:
Street Address:
City/State/Zip:

Reason for Drop-Off (please be as specific as possible):

Would you like us to:

Call before **any** diagnostics are performed to authorize procedures

OR

Proceed with diagnostics as warranted by Veterinarian after physical exam is complete

The best method to contact you regarding your pet:

Phone Call (_____) _____

E-Mail _____

Invoice Notes

Discharge Appointment

Professional fees are to be paid in full at the time of discharge. I accept and agree to the terms above.

Date