

# 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):

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**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