



## MISSOURI VALLEY VET

When you arrive at the clinic please call the correct location to let us know you are here. Your pet needs to be on a leash or in a carrier. Please print this form and have it ready for us.

Commerce: 1801 Commerce Dr, Bismarck, ND 701-222-1912  
Pinehurst: 755 W Interstate Ave, Bismarck, ND 701-222-0551  
Mandan: 1440 Action Dr. Suite 102, Mandan, ND 701-663-9841

Client: \_\_\_\_\_

Address: \_\_\_\_\_

Patient: \_\_\_\_\_

Email Address (For Receipt): \_\_\_\_\_

Today's Contact Number: \_\_\_\_\_

Who will we be speaking with: \_\_\_\_\_

Vehicle type & color: \_\_\_\_\_

Does your pet need any ☐ Vaccinations ☐ Flea & Tick Prevention ☐ Heartworm Testing ☐ Heartworm Medication

What will we be seeing your pet for today?

### Primary Complaints:

- |   |  |                                   |   |                                   |  |
|---|--|-----------------------------------|---|-----------------------------------|--|
| <input type="checkbox"/> Vomiting             | <input type="checkbox"/> Blood in Urine    | <input type="checkbox"/> Itching  | <input type="checkbox"/> Painful              | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Hair Loss               |
| <input type="checkbox"/> Growth/Lump          | <input type="checkbox"/> Blood in Stool    | <input type="checkbox"/> Sneezing | <input type="checkbox"/> Lethargic            | <input type="checkbox"/> Ears     | <input type="checkbox"/> Inappropriate Urination |
| <input type="checkbox"/> Difficulty Breathing | <input type="checkbox"/> Anorexia          | <input type="checkbox"/> Eyes     | <input type="checkbox"/> Difficulty Urinating | <input type="checkbox"/> Coughing | <input type="checkbox"/> Lameness/Limping        |
| <input type="checkbox"/> Increased Thirst     | <input type="checkbox"/> Excessive Licking |                                   |   |                                   |  |

If your pet has any unusual lumps, bumps, wounds or skin irritation which you would like the doctor to address today, please note the location of each on the diagrams.



In consideration of the risk of escape while your pet is transported into and out of the clinic, I hereby, as the owner or owner's agent, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of any transport of my pet, and do hereby release and forever discharge Missouri Valley Vet, their affiliates, managers, members, agents, attorneys, staff, volunteers, representatives, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that my pets, family members or I may suffer as a direct result of my pet traveling to or from one of the clinics.

\_\_\_\_\_  
**Signature of owner/authorized agent**

**Date**

