

Dr. Kevin Barcus, D.V.M.



Mounds View  
Animal Hospital

Dr. Bruce Schnabel, D.V.M.

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### Inpatient Contact Information

Client Name \_\_\_\_\_ Patient Name \_\_\_\_\_

I understand that I may need to be contacted regarding my pets medical, dental, or surgical procedure today.

The numbers I may be reached at between 9am and 3pm are:

Name:

Number:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Mounds View Animal Hospital will attempt to contact you at these numbers in the event we need to discuss your pet's care. **If we are not able to reach you in a timely fashion (within 15 minutes if the pet is anesthetized):**

\_\_\_\_\_ I authorize Mounds View Animal Hospital to do whatever procedures they deem medically appropriate to treat my pet and standard fees apply.

\_\_\_\_\_ Do not do ANY additional procedures if I can't be contacted. I understand that if my pet has been anesthetized and attempts to contact me are unsuccessful, that my pet will need to be anesthetized again for these procedures to be performed and standard fees will apply.

Signature: \_\_\_\_\_ Date \_\_\_\_\_