

Drop off Admission Form

Your Name _____

Phone Number where you can be reached *today* _____

Pet Information

Pet Name _____

Why are we examining your pet today? How long has this been occurring?

Please **circle** your answer. Please explain where necessary.

Are vaccines current? Yes No If not current, may we update them? Yes No
(Vaccines will only be administered to pets deemed healthy by the Doctor.)

Is your pet: Indoor only Outdoor only Both Indoors and Outdoors

Has your pet had any coughing? Yes No
For how long? _____

Has your pet had a decrease in activity? Yes No
For how long? _____

Has your pet had any sneezing? Yes No
For how long? _____
How frequently? _____

Has your pet had any eye or nose discharge? Yes No
For how long? _____
What color is the discharge? _____

Has your pet had increased thirst? Yes No
For how long? _____

Has your pet had increased urination? Yes No
For how long? _____

Has your pet had increased appetite? Yes No
How much? _____

Has your pet had decreased appetite? Yes No
How often? _____

Has your pet had any vomiting? Yes No
For how long? _____
How many times a day? _____
What does it look like? _____

Has your pet had diarrhea or loose stools? Yes No
For how long? _____
How many times a day? _____
What does it look like? _____

Blood chemistries/lab work for a sick pet **start** at \$98.00

Do you authorize blood chemistries to be performed if deemed necessary? Yes No

Digital x-rays for a sick pet **start** at \$112.00

Do you authorize x-rays to be performed if deemed necessary? Yes No

Do you require a written estimate before diagnostic testing is performed? Yes No

If Yes, then please provide us a valid e-mail address _____

Owner Signature or authorized care taker _____ Date _____