



## EARLY MORNING ADMITTANCE FORM

Client's Name:

Date:

Pet:

Reason for visit:

Phone number: .

or

What time would you like to pick up your pet?

OR

☐ Call me when my pet is ready.

**PLEASE FEEL FREE TO CALL US TO SEE IF YOUR PET IS READY FOR PICKUP 😊**

Is your pet on heartworm prevention?

☐ Yes

☐ No

Type

Is your pet on flea and tick prevention?

☐ Yes

☐ No

Type

Would you like your pet microchipped today?

☐ Yes

☐ No

☐ Already Has One

Would you like treatment proposal of the fees?

☐ Yes

☐ No

\*If additional treatments are recommended, I give permission to exceed the treatment proposal by

\$ ; if there are any costs above that please contact me before performing additional services.

**If we need to speak to you about your pet would you prefer to talk to?**

The doctor at pick up (a slight wait may be necessary) ☐

The doctor by phone ☐

The technician at pick up ☐

No preference ☐

By signing below, I acknowledge the following: Although every effort will be made to adhere to any estimate given, the actual cost may vary based on my pet's individual needs and estimates are not a guarantee of final cost. Full payment (Cash, Discover, Master Card, Visa, and American Express) for my pet's care is due when I pick up my pet.

I understand that my pet will be transported to the county's animal services after 3 days if not picked up on planned departure date and notice is not given as to my change of plans. I understand that abandonment does not excuse me from the cost of this service and that I will be responsible for any fees incurred at Marion Veterinary Hospital as well as at animal services.

I understand the potential benefits and risks associated with the procedures planned for my pet and give my informed consent to those procedures.

Owner's signature

Date

**This section for office use only**

Feline			Due Now		Date Due	Canine			Due Now		Date Due
Rabies	12M	3Y	Yes	No		Rabies	12M	3Y	Yes	No	
FVRCP	12M	3Y	Yes	No		DHLPP	12M	3Y	Yes	No	
Feline Leukemia			Yes	No		Bordetella	6M		Yes	No	
Felv/FIV/Heartworm			Yes	No		Blood Parasite Screen			Yes	No	
Fecal Exam			Yes	No		Fecal Exam			Yes	No	

Admitted by \_\_\_\_\_

# Marion Veterinary Hospital

## Flea & Tick Policy

(Please keep for your records)

Thank you for helping Marion Veterinary Hospital sustain a Flea & Tick free facility. We take pride in maintaining hospital cleanliness as well as promoting animal health and wellbeing. Please know that our staff will carefully inspect your pet(s) upon arrival for external parasites. Rest assured that we will take special precautions and follow strict facility policies to rid your pet of flea and/or tick infestation immediately when identified. Please let us know if you have any questions.

Thank you,  
Management

<u>Tick infestation treatments</u>	<u>Cost per treatment</u>
1) De-tick by Technician. We will physically search for and remove all ticks found by hand	\$ 10.30-75.00 – depending on total number of ticks removed
2) Bath with Tick Shampoo add-on	\$ 24.90-43.90 - by weight
3) Frontline topical spray treatment	\$ 21.10
4) Preventic Collar that last for 3 months (optional)	\$ 22.00

We will notify each pet Owner of our findings either by phone or at check-out and we do recommend continuing a preventative product at home. Our veterinarian will be happy to make recommendations and answer any questions you may have.

<u>Flea infestations treatment expense</u>	<u>Cost per treatment</u>
1) Capstar Tablet given orally	\$ 10.30
2) Bath with Flea Shampoo add-on	\$ 24.90-43.90 - by weight