



# 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 for pickup

**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 to 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 Infestations Treatment Expense</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
2.) Bath with Tick Shampoo add-on	\$ 24.30-41.20(by weight)
3.) Frontline topical spray treatment	\$ 20.60
4.) Preventic Collar that lasts 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 bath add-on (optional)	\$ 24.30-41.20(by weight)