



Lynden Veterinary Hospital

Admission Form for Treatment

Client: _____

Patient: _____ Date: _____

Areas of concern: _____

Today's phone: _____ Duration of problem: _____ days.

How often during the days: _____

Are the eating habits normal? Yes or No Explain: _____

My pet eats: _____

Are the drinking habits normal? Yes or No Explain: _____

Are the urination habits normal? Yes or No Explain: _____

Are the bowel movement habits normal? Yes or No Explain: _____

If the doctor recommends the procedures below and would like to run the following samples, you have my authorization for the following:

Yes or No Blood Work Yes or No Update vaccines

Yes or No Urinalysis Yes or No Cytology

Yes or No Radiographs Yes or No Stool sample

My pet is currently on _____ flea control. If fleas are present, We will treat your pet at your expense.

My pet is currently taking _____ how often _____ and last given _____.

I understand that my pet is going to be seen as a drop-off basis, which means that they will be treated in the order of urgency. Any charges accrued during the stay at Lynden Veterinary Hospital, I will be responsible for paying for these procedures in full at the time of discharge.

Singature: _____ Date: _____