North Plano Animal Hospital
Drop-Off Admission Form

Date:_____

Pet's Name: _____ **Owner's Name:** _____

Telephone Number(s) for Today: _____

What is the primary problem?
What are the symptoms?
When did this problem begin?
Is this the first time your pet has had this problem? Yes _____ No _____ If no, list dates of other occurrences:
Previously, how long did the problem last?
Was the problem treated by a veterinarian or did it go away?
Is the problem getting better, worse, or remaining the same? Better ____ Worse ____ Same ____ Explain:
Has your pet ever had a similar problem? Yes _____ No _____ If yes, how long ago?
Is your pet on any medications, heartworm prevention, or flea control products? Yes ____ No ____ If yes, list medications:
Is your pet allergic to any medications? Yes _____ No _____ If yes, list medications:
Are there any other problems we should be aware of today? Yes _____ No _____ If yes, please explain:
☐ I authorize a veterinarian of NPAH to examine my pet. Call me first to discuss diagnostic testing and treatment. _____ (Initial)
☐ I authorize diagnostic tests & treatment not to exceed $_____ as recommended by a veterinarian of NPAH without telephoning me. Diagnostic tests may include blood work and/or radiographs. _____ (Initial)
☐ I am aware there is a $14.00 daily observation fee for my pet's stay at NPAH. _____ (Initial)
☐ I authorize a veterinarian of NPAH to **sedate** my pet, if necessary, for examination or for any procedures deemed necessary. _____ (Initial)

Signature _____ **Date** _____ ***NPAH*** ____