



Patient Drop Off Admission Form

Today's Date: ___/___/___ Client's Name: _____ Pet's Name: _____
Phone Number: _____

We will need to be able to contact you or someone with permission to make medical and financial decisions. Who will we be speaking with? Me or Name _____ Phone: _____

Pet's Current Condition

Has your pet eaten today? ___ No ___ Yes _____ Time

Reason(s) for visit today (**PLEASE CHECK ALL THAT APPLY**) :

- Illness _____ Injury _____ Recheck _____
- Weight Management/Nutritional Consultation Yearly with vaccinations
- Other _____

Are there any additional concerns, such as:

- Eating Drinking Bad breath Weight loss/gain Scooting Shaking head Vomiting
- Diarrhea Skin issues Urination issues Behavior problem
- Other _____

Medication Information

Has your pet ever had an adverse reaction to any medication? _____

Current Medication(s): _____

Did your pet receive medication this morning? _____

If yes, what medication was given and when? _____

Do you need any refills on any of your pet's medications? _____

If yes, please list: _____

Additional Services

- Ear cleaning Nail Trim Microchipping Anal gland expression Sanitary Trim Other

I authorize the treatment(s) selected for the pet listed above. I understand the doctor or technician will contact me after he/she has examined my pet to discuss a recommended treatment plan. I authorize the hospital staff, in the event of an emergency, to perform any additional procedures necessary for the well-being of my pet until further communication with me. Payment is due at the time of discharge. I understand that follow-up exams and additional treatments are not covered in today's price. Patients entering the hospital must be up to date on vaccinations unless here to receive today or medically exempt. I am aware that someone will contact me with a time to pick up my pet.

Signature of Client: _____ Date: _____

<u>Office Use Only</u>	
Admitted By: _____	Carrier/Leash: <input type="checkbox"/> Yes <input type="checkbox"/> No
Items left with pet: _____	

