

Client Name: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Date: \_\_\_\_\_

Drop off 7:30 A.M. TO 8:30 A.M.

**PLEASE HAVE YOUR**

**PET HERE BY 8:15AM IF COMING FOR** →

Pick up is between 4-5:45pm

# ADMISSION FORM FOR;

VACCINATIONS

WELLNESS EXAM

ILLNESS/PROBLEM

TESTING

SURGERY/DENTAL

BATH

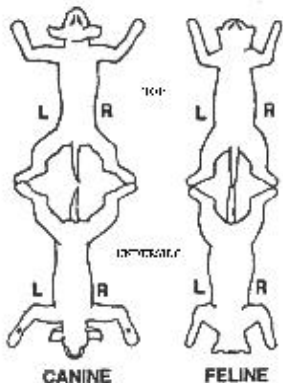
OTHER \_\_\_\_\_

Is your pet on Heartworm Prevention? Y N Brand: \_\_\_\_\_ Last Given: \_\_\_\_\_ Number Missed: \_\_\_\_\_

Is your pet on Flea Prevention? Y N Brand: \_\_\_\_\_ Last Given: \_\_\_\_\_

Pet's current diet, including treats, (brands and quantities in 8oz.cups) \_\_\_\_\_

**Client Evaluation of Pet's Current Health** Please list any specific concerns and describe in as much detail as possible what is going on (IE- How long has it been a problem? What is in it? Consistency? Where on body? Which leg? How lame? Etc.) You can also utilize the dog and cat pictured to mark areas of the body.



### REASONS FOR PET'S VISIT

**MEDICATIONS** List ALL Medications, supplements, vitamins, herbs, etc. your pet is currently taking or are being applied topically. If you are able to provide dose and interval of administration, please do so.

For example: *Phenobarbital 65mg tablet give one tablet twice a day*

OTHER SERVICES: All animals must be verifiably current on vaccines. If they are not current on vaccines and/or you have any concerns that you would like to address, please fill out the above. Vaccines will be given if not current if deemed appropriate by the doctor!

A pre-vaccination exam fee will be incurred as well as the cost of the vaccine.

DOGS: DA2PP within 12 months      Bordetella within 6 months      Rabies within state guidelines

CATS: FDVCVR or CVR within 12 months      Rabies within state guidelines

It is important that you are able to be contacted by the veterinarian, especially if your pet is sick, in order to discuss the evaluation and further diagnostic tests and treatments that may need to be performed.

If you are not able to be reached, do you authorize diagnostics/treatments as deemed necessary by the veterinarian? **YES or NO**

Best Number \_\_\_\_\_ (H) (W) (C) (Spouse)

Second Number \_\_\_\_\_ (H) (W) (C) (Spouse)

Third Number \_\_\_\_\_ (H) (W) (C) (Spouse)

**CLIENT SIGNATURE** \_\_\_\_\_ **PRINT NAME PLEASE** \_\_\_\_\_