

**ADMISSION FORM FOR:**

Client Name \_\_\_\_\_  
Pet Name \_\_\_\_\_  
Date \_\_\_\_\_

Drop off is between 7:30 and 8:30 a.m.

**PLEASE HAVE YOUR PET HERE BY  
8:15 a.m. IF COMING FOR SURGERY**

Pick up is between 4 and 5:45 p.m.

- VACCINATIONS
- WELLNESS EXAM
- ILLNESS/PROBLEM
- TESTING
- SURGERY/DENTAL
- BATH
- OTHER \_\_\_\_\_

Y N

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

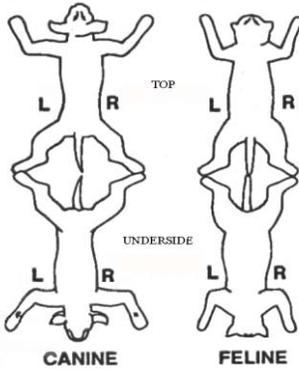
Last Given: \_\_\_\_\_

Is your pet on Heartworm Prevention? Y N Brand: \_\_\_\_\_

Last Given: \_\_\_\_\_ Number Missed: \_\_\_\_\_

What is your pet's diet, including treats (brand name and quantity in 8 oz 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 (i.e. - 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 below to mark areas of the body.



**REASONS FOR PETS 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, interval of administration, and when last given, 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 your pet is 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 – 36 months      Bordetella within 6 months      Rabies within state guidelines

**CATS:** FDVCVR within 12 -36 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) (Significant other)

Second Number \_\_\_\_\_ (H) (W) (C) (Significant other)

Third Number \_\_\_\_\_ (H) (W) (C) (Significant other)

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