

ADMISSION FORM

Date: _____

Client Name: _____ Pet Name: _____

Reason for Visit:

CONTACT NUMBER: _____ Contact name (if different): _____

Pick-up time: _____ Call when ready? () _____

Has your address and/or phone number changed? _____

Current medications: _____ Dosage/how often: _____

How will you be paying today? Cash Check Credit card Care Credit

Professional fees are due at the time of pick-up. There is a \$20.25 drop-off fee per pet. Pet must be up to date on vaccines in order to stay at the hospital. Any due vaccines will be administered at the discretion of the veterinarian.

I have read and understood the above payment policy. _____

(Signature)

Would you like any of these services today?

(THERE ARE EXTRA COSTS FOR THESE SERVICES. WE ARE HAPPY TO PROVIDE AN ESTIMATE UPON REQUEST.)

Vaccines: DHP/P Bordetella Leptospirosis Lyme Rabies FVRCP FeLV

Diagnostics: Heartworm/Ehrlichia/Lyme test Fecal test FeLV/FIV test Urinalysis
 Wellness blood screen Senior blood screen Other _____

Grooming: Bath Nail trim Express anal glands Clean ears Ear flushing
 Shave matts Apply flea/tick preventative

Microchip

Heartworm preventative: _____ Flea/tick preventative: _____

Medication refill _____ Other _____

Is there anything specific you would like examined? _____

For Office Use Only:

Checked in by: Receptionist: _____ Technician _____