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ADMISSION FORM

Date: _____

Client Name: _____ Pet Name: _____

Reason for Visit: _____

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

Pick up Time: _____ Call when Ready? (_____) _____

Current Medications: _____

Dosage/Frequency: _____

Would you like any of these services today?

(There are extra fees for these services. We are happy to provide an estimate upon request.)

Grooming: • Bath • Nail Trim • Express anal glands • Clean ears • Shave matts
• Flea/tick preventative • Other _____

Vaccines:(Canine) • DHPP • Bordetella • Leptosirosis • Rabies • Canine Influenza
(Feline) • FVRCP • Rabies • Feline Leukemia

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

Other Services: Microchip • Heartworm preventative: _____

• Flea/tick: preventative _____ • Medication refill _____

Is there anything specific you would like a doctor to examine? _____

Professional fees are due at the time of pick-up. 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)

Office Use Only: Checked in by: Receptionist _____ Technician _____