



121 W 45th  
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[www.nsvhok.com](http://www.nsvhok.com)

### Drop-Off Admission Form for Exam

Owner's Name \_\_\_\_\_ Pet's Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\* Phone Number where you can be reached \_\_\_\_\_ Alternate \_\_\_\_\_

Reason for visit today: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did you first notice the problem? \_\_\_\_\_  
How often does it occur? (intermittent, daily, etc.) \_\_\_\_\_

Please list any medications that your pet is currently taking:

Medication & dosage: \_\_\_\_\_ Last dose given \_\_\_\_\_

Medication & dosage: \_\_\_\_\_ Last dose given \_\_\_\_\_

When is the last time your pet has eaten anything? \_\_\_\_\_

Have you noticed any vomiting or diarrhea? Yes No If so, please describe \_\_\_\_\_

Do we have permission to:

Perform any necessary diagnostic tests? ..... Yes No

Take X-rays, if needed? ..... Yes No

Give anesthesia if necessary? ..... Yes No

Place an IV catheter and start fluids if indicated? ..... Yes No

Give medications as directed by a veterinarian? ..... Yes No

Do you need an estimate before proceeding beyond the exam? ... Yes No

While your pet is here, would you like us to perform any of the following?

Update Vaccines, if needed

Express Anal Glands

Nail Trim

Microchip

**Special Care Instructions:** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Owner's signature**

\_\_\_\_\_  
**Date**

**Thank you for allowing us to care for you pet.**