



# Drop-Off Admission Form

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

Phone Number \_\_\_\_\_ Alternate: \_\_\_\_\_

Would you prefer updates via phone call or text message? Please circle one **Call** or **Text**

**Reason for visit today, please circle all that apply**

<b>VOMITING</b>	<b>BLOODWORK</b>	<b>EAR INFECTION</b>
<b>DIARRHEA</b>	<b>RADIOGRAPHS</b>	<b>ALLERGIES</b>
<b>NOT EATING</b>	<b>GLUCOSE CURVE</b>	<b>ITCHING</b>
<b>WELLNESS</b>	<b>PAIN/TRAMUA</b>	<b>LASER</b>
<b>EXAM FOR MEDICATION</b>	<b>CUSHINGS TEST</b>	<b>DR. RE-CHECK</b> _____
<b>OTHER:</b> _____		

When did you first notice the problem? \_\_\_\_\_

How often does it occur? **HOURLY, DAILY, CONSTANTLY OTHER**\_\_\_\_\_

Is your pet on any medications **YES** [ ] **NO** [ ] if so what medication? \_\_\_\_\_

Is your pet eating normally **YES** [ ] **NO** [ ] when was the last time they ate? **TODAY, YESTERDAY, OTHER;**

What is your pets current diet **WET** or **DRY** food, what brand and flavor is the food? \_\_\_\_\_

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

Update vaccines	Ear Cleaning	Fecal
Proheart 6 or 12	Express Anal Glands	Nail File
Microchip	Heartworm Test (canine)	Nail Trim
Ear pluck	FELV/FIV Test (cats)	De-Worm

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

**\*If your pet comes in with fleas, we will administer a flea treatment at the cost of \$10.00.**

I give permission to perform any necessary diagnostics/treatments up to \$\_\_\_\_\_ prior to estimate

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Thank you for allowing us to care for your pet.