

**Admitting Form - Date:**

To insure the best care possible, **please**, take the time to fill out this form completely.

**CLIENT INFORMATION**

Owner's Name: \_\_\_\_\_  
Address : \_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Patient's Name: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Weight: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Age: \_\_\_\_\_  
Color: \_\_\_\_\_  
Microhip No: \_\_\_\_\_

**SERVICES REQUESTED**

**Physical Exam:**

Doctor Examination  
Please list any symptoms you would like the veterinarian to check. Please make sure to include when the symptoms started and any medications administered.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LABORATORY TESTS AS NEEDED:**

Yes; I give permission  
INIT \_\_\_\_\_  No; I do not want my pet to have any laboratory tests performed.

**RADIOGRAPHS:**

Yes; I give permission  
INIT \_\_\_\_\_  No; I do not want my pet to have radiograph taken.

**ULTRASOUND:**

Yes; I give permission  
INIT \_\_\_\_\_  No; I do not want my pet to have ultrasound

**VACCINATIONS:**

*(For the protection of all pets, we require all vaccines be current.)*  
Dogs:  Annual Exam  Rabies Vaccine  Lepto Vaccine  
 DHPParvo Vx  Lymes Vaccine  Bordetella Vx  
 Fecal Exam  Heartworm test

Cats:  Annual Exam  Rabies Vaccine  Feline D+RTV  
 Leukemia Vx  Leukemia/FIV Test  Fecal Exam

**HEARTWORM PREVENTATIVE:**

Please apply/ administer:  
 Heartgard (K-9)  Interceptor  Advantage Multi (FEL)  
 I need Heartworm preventative.  
Type: \_\_\_\_\_  
Amount: \_\_\_\_\_

**FLEA AND TICK CONTROL:**

Please apply/ administer:  
 Frontline  Advantix (K-9)  Advantage Multi (FEL)  
 I need Flea/ Tick preventative.  
Type: \_\_\_\_\_  
Amount: \_\_\_\_\_

**GROOMING SERVICES: Includes nail trim and anal gland expression**

Bath  
 Comb-out

**MICROCHIP:**

Permanent system for easy identification of your pet.  
 Yes, please microchip my pet  
 No, thank you

**GERIATRIC WORKUP:**

Standard - (Physical Exam, Complete Blood Count, Blood Chemistries, Serum Electrolytes, T4 (Cats only), Systolic Blood Pressure, Urinalysis, Fecal)  
 Comprehensive - (Standard + Thoracic and Abdominal Radiographs, ECG)

**PAYMENT AND ESTIMATE REQUEST**

Yes, I would like an estimate for the procedure.  
 No, I do not need an estimate.  
INIT \_\_\_\_\_  I understand payment for all treatment is due and payable when I pick up my pet.

**DISCHARGE APPOINTMENT**

Once your pet has been released by the Doctor we will ask you to schedule a discharge appointment time.

**ARTICLES LEFT:**

INIT \_\_\_\_\_ Please be aware that we cannot assure the return of articles left with your pet or their condition.  
\_\_\_\_\_  
\_\_\_\_\_

In case of emergency notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_