

Animal General Pet Admission Form
Please Answer all Questions

Date: _____

Last Name/Pet's Name: _____

Reason for drop off: _____

Phone number where is best to reach you? (____) _____ Or (____) _____

Is your pet on any current medications? Y N If yes, what are they? _____

Pet's Health Questions

- Appetite?** Good Fair Poor
- Activity?** Active Normal Less Active
- Drinking?** More than usual Less Regularly
- Defecating?** More than usual Less Regularly
- Urinating?** More than usual Less Regularly

Have you noticed any of these?

- Coughing?** Y N If yes, explain: _____
- Sneezing?** Y N If yes, explain: _____
- Vomiting?** Y N If yes, explain: _____
- Diarrhea?** Y N If yes, explain: _____

Vaccine History

- Is your pet current on :** Rabies Y N If no, would you like it done today? _____
- Distemper Y N If no, would you like it done today? _____
- Fecal Test Y N If no, would you like it done today? _____

Would you like your pet microchipped? Y N (Our microchip is ISO compatible)

Do you need Flea & Tick preventative today? Y N If yes, 3months or 6months

For Dogs Only

- Has your dog had a heartworm test within the last yr?** Y N
If no, would you like your pet tested today? _____
- Is your pet on heartworm preventative?** Y N
- Would you like to pick some up today?** _____ If yes, would you like 6months or 12months?
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For Cats Only

- Has your cat been tested for Felv/Fiv?** Y N If yes, were the results? Negative Positive
If no, would you like us to test today? Y N
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Authorization & Payment Policy

I hereby authorize the veterinarian to examine, prescribe or treat my pet and I assume full responsibility for all charges incurred in the care of this animal. I also understand that these charges must be paid in full at the time of release and minimum deposit of 60% is required should my pet need to be admitted into the hospital for treatment or non routine surgical procedure. **Payments are expected when services are rendered. We do not bill.** In order to provide the best care we accept: Visa, MasterCard, Amex, Discover, CareCredit, Personal Check (Driver's license needed), and Debit card and Cash. Any accounts left unpaid are subject to a percentage rate of (1.5% per month) and late fees. Should collection and/or attorneys fees become applicable I will be held responsible for those and all other cost of collection. By signing below, I hereby state that I am the owner or authorized agent of the above described animal. I have read the above terms and conditions and agree to adhere to this agreement.

Print Name: _____

Signature: _____