

HOSPITAL ADMISSION FORM

Client Name: _____

Pet Name: _____

Date: _____

Pick up is between 4:00 and 5:00 p.m.

Drop off is between 7:00 and 8:00 a.m.

**PLEASE HAVE YOUR PET HERE BY
8:00 a.m. IF COMING FOR SURGERY**

ADMISSION FOR:

- | | |
|--|--|
| <input type="checkbox"/> VACCINATIONS | <input type="checkbox"/> WELLNESS EXAM |
| <input type="checkbox"/> ILLNESS/PROBLEM | <input type="checkbox"/> TESTING |
| <input type="checkbox"/> SURGERY/DENTAL | <input type="checkbox"/> BATH |
| <input type="checkbox"/> OTHER _____ | |

Is your pet on Flea Prevention? YES NO Brand: _____ Last Given: _____

Is your pet on Heartworm Prevention? YES NO Brand: _____ Last Given: _____

Has your pet missed any monthly doses of Heartworm Prevention in the last 12 months? YES NO If so, how many? _____

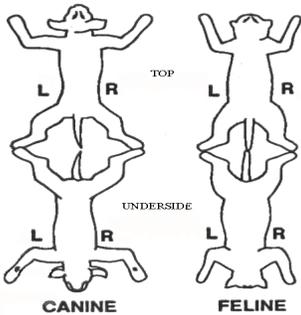
What is your pet's diet, including treats (brand name and quantity in 8 oz cups)? _____

Any pet(s) found to have evidence of fleas will be given a Capstar treatment. Pets NOT on flea prevention will be administered a preventative as determined by the veterinarian

Client Evaluation of Pet's Current Health: Please list specific concerns in as much detail as possible (i.e. what is the concern? How long has it been a problem? When did you first notice it? For vomiting/diarrhea, what is the consistency? Is there blood or anything else in the vomit/stool?) You can utilize the dog/cat pictured below to mark specific areas of the body.

SEDATION OK IF NECESSARY: YES NO

REASON FOR PETS VISIT:



MEDICATIONS: List ALL medications, supplements, vitamins, herbs, etc. your pet is currently taking or are being applied topically. If you are able to provide dose, interval of administration, and when last given, please do so.

For example: Phenobarbital 65mg tablet give one tablet twice a day.

OTHER SERVICES: All animals must be verifiably current on vaccines. If they are not current on vaccines and/or you have any concerns that you would like to address, please fill out the above. Vaccines will be given if your pet is not current if deemed appropriate by the doctor! A pre-vaccination exam fee will be incurred as well as the cost of the vaccine.

Dogs: • DA2PP within 12 or 36 (if appropriate) months • Bordetella within 6 months • Intestinal Parasite Exam within 12 months

• Rabies within NC State Law K9 • Influenza Vaccine (H3N2 & H3N8) within 12 months

Cats: • FDVCVR or CVR within 12 or 36 (if appropriate) months • Rabies within NC State Law

It is important that you are able to be contacted by the veterinarian, especially if your pet is sick, in order to discuss the evaluation and further diagnostic tests and treatments that may need to be performed.

If you are not able to be reached, do you authorize diagnostics/treatments as deemed necessary by the veterinarian? YES NO

Best Number _____ (H) (W) (C) (Spouse) Alternate Number _____ (H) (W) (C) (Spouse)

Alternate Number _____ (H) (W) (C) (Spouse) Alternate Number _____ (H) (W) (C) (Spouse)

CLIENT SIGNATURE _____ PRINT NAME _____

For Hospital Use

Weight Temp.

Notes: _____

