

Ill Pet Drop-Off Admission Form

Owner: _____ **Date:** _____ **Weight:** _____
Patient: _____ **Breed:** _____ **Sex:** _____ **Age:** _____
Reason for today's visit: _____

 When did your pet last: Eat _____ Drink _____ What is your pet's normal diet?
 Urinate _____ Defecate _____
 What medication(s) or supplements is your pet taking, and when was last administration?

 I authorize the following procedures to aid in diagnosing my pet:
 _____ bloodwork _____ radiographs _____ sedation
Additional services requested today: *(Please note some services may not be performed if pet is deemed too ill).*
 Vaccination: _____
 Testing: _____
 Other: _____
 I authorize up to the following amount for treatment of my pet today: \$250 \$450 Other: _____
We will call if services exceed the amount indicated.
Phone number(s) where I can be reached today: _____ or _____
 I authorize _____ to pick up my pet on my behalf.

Client Signature _____ **Date** _____

 Items left with pet: _____
 Expected Discharge time: _____ Admitting Technician: _____