

Ill Pet 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: _____

Discharge time: _____ Admitting Technician: _____