



HARMONY
Animal Hospital

Your *other*
family doctor.

Sick Pet Admission Form

Owner _____ Date _____ Weight _____

Patient _____ Breed _____ Sex _____ Age _____

Reason for today's visit _____

When did your pet last:

Eat _____ Drink _____

Urinate _____ Defecate _____

What is your pet's normal diet? _____

What medication(s) or supplements is your pet taking, and when was the administration?

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) I can be reached at today _____ or _____

I authorize _____ to pick up my pet on my behalf.

Client Signature

Date

Items left with pet _____

Expected Discharge time _____ Admitting Technician _____