



HARMONY
Animal Hospital

Your *other*
family doctor.

Well Pet Admission Form

Owner _____ Date _____ Weight _____

Patient _____ Breed _____ Sex _____ Age _____

Reason for today's visit _____

Vaccinations and Testing due:

Intestinal parasite exam
Heartworm test (dogs)
FELV/FIV (cats)
Senior Screening blood profile
Drug Monitoring blood profile

Dogs:

DHPP
Rabies 1yr/3yr
Leptospirosis
Lyme
Bordetella

Cats:

FVRCP
Rabies 1yr/3yr
Leukemia

Please list any additional procedures you would like performed for your pet today:

Please list any medications or products you would like us to have ready for you today:

I authorize up to the following amount for treatment of my pet today : \$250 \$400 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.

Please understand that we may NOT contact you regarding the status of your pet prior to 4:30 p.m. unless there is a medical emergency, in which case we will contact you immediately.

Client Signature

Date

Items left with pet _____

Expected Discharge time _____ Admitting Technician _____