

Drop Off Appointment Admission Form

Date: _____ **Patient:** _____ **Owner:** _____

Contact information: Please provide phone number(s) or email that we **may reach you at and any time availability restrictions** in case the doctor has any questions or to request permission to provide additional recommended services.

_____ Phone _____ E-mail
Availability restrictions: _____

Services requested today:

Clinic Stay (\$20) OR Day Care * (full day \$31) or (1/2 day \$25) **Pick up time:** _____
***NOTE! Must be current on vaccinations, including Bordetella and have a current negative fecal test to attend day care.**

Current medications / supplements (include dosing info) _____

Diet: Weight concerns? Y / N Currently feeding / qty: _____
Treats? _____ Table scraps? Y / N

Fecal: Brought sample today / Get a sample while here **Urine:** Brought sample today / Get a sample while here

What heartworm preventative currently using? _____
Need to purchase preventative today?: Y / N

What flea & tick preventative currently using? _____
Need to purchase flea & tick preventative today? Y / N

Need medication refill? _____

Circle all that apply:

General: Vomiting / Diarrhea / Coughing / Sneezing / Eye Discharge / Ear Discharge

Drinking / Urinating: Elimination concerns? Y / N Any change in drinking amount Y / N
Any straining / blood / other Y / N Any change in urinating amount Y / N

Mobility: any stiffness / limping / slow getting up & down / trouble with stairs

Mouth Care: Brushing / Rinse or Gel / Chews

Lifestyle / Exposure: Dog Park / Groomer / Boarding / Day Care / Tick Exposure /
Obedience Class / Contact with other dogs / Walks / Exposure to lakes, ponds, puddles /
Indoor / Outdoor Cat / Cat hunts?

Comments:

I agree that all costs for services rendered are due and payable upon discharge