

Treatment Admission Form

Owner _____ Pet's Name _____ Pet's Age _____

Telephone Number where I can be reached between 8:00 am – 8:00 pm _____

Please answer all of the following questions, so that we can better assist you and your pets needs.

YES NO

Are vaccinations current?

If no, Update today

If your pet is a dog, is he/she on heartworm preventative?

To your knowledge, is your pet allergic to any drugs?

What? _____

Did your pet eat this morning?

Is your pet currently on any medications?

List medications:

OWNER RELEASE

I have read and understand the foregoing. I am also aware that continuous presence of veterinary staff is not provided after regular hours (night time and weekends). If during the course of hospitalization, my pet needs anesthesia and surgery after discussion with the doctor, I understand that there may be some minimal risk to my pet and it is thoroughly understood that I assume all risks.

Signature _____ Date _____

Admitting Tech Signature _____