

HOSPITAL ADMISSION FORM

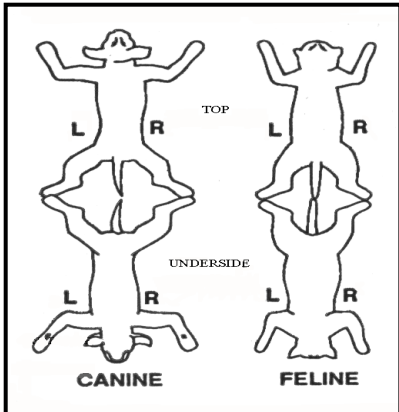
Client Name: _____
 Pet Name: _____
 Date: _____
 Weight at Drop-off: _____

ADMISSION FOR:	
<input type="checkbox"/> VACCINATIONS	<input type="checkbox"/> WELLNESS EXAM
<input type="checkbox"/> ILLNESS/PROBLEM	<input type="checkbox"/> TESTING
<input type="checkbox"/> SURGERY/DENTAL	<input type="checkbox"/> BATH
<input type="checkbox"/> OTHER: _____	

Drop off is between 7:00 am and 8:00am
 Pick up is between 4:00 pm and 5:00 pm
**IF COMING FOR SURGERY PLEASE HAVE
 YOUR PET HERE BY 8:00 AM**

- ★ Is your pet currently on flea prevention? YES NO Brand: _____ Last Given: _____
- ★ Is your pet currently on heartworm prevention? YES NO Brand: _____ Last Given: _____
- ★ Has your pet missed ANY monthly doses of heartworm prevention in the last 12 months? YES NO If so, how many? _____
- ** (Any pet(s) found to have evidence of fleas will be given a Capstar treatment. Pets NOT on flea prevention will be administered a preventative as determined by the veterinarian)**
- ★ What is your pet's diet (including treats)? Brand _____ Daily quantity in 8oz cups _____
- ★ **MEDICATIONS:** List ALL medications, supplements, vitamins, herbs, etc. your pet is currently taking or are being applied topically. If you are able to provide dose, interval of administration, and when last given, please do so. (Example: Fluoxetine 20mg tablet given twice a day. Given at 7pm last night)

★★ SEDATION OK IF NECESSARY: YES NO ★★



REASON FOR HOSPITAL ADMISSION:

Client Evaluation of Pet's Current Health: Please list specific concerns in as much detail as possible in the box below (i.e. what is the concern? How long has it been a problem? When did you first notice it? For vomiting/diarrhea, what is the consistency? Is there blood in vomit/stool?) You can utilize the dog/cat pictured above to mark specific areas of the body.

All animals MUST be verifiably current on vaccines. If your pet is NOT up to date on the required vaccines listed below they will be administered (if deemed appropriate by the doctor) and a pre-vaccination exam fee will be incurred in addition to the cost of the vaccine(s).

- Vaccines required for Dogs:** ●DA2PP within 12 or 36 (if appropriate) months ●Bordetella within 6 months ●Rabies in accordance with NC State Law
 ●Canine Influenza Vaccine (H3N2 & H2N8) within 12 months ●Intestinal Parasite Exam within 12 months
- Vaccines required for Cats:** ●FDVCVR or CVR within 12 or 36 (if appropriate) months ● Rabies in accordance with NC State Law

It is important that you are able to be contacted by the veterinarian, especially if your pet is sick, in order to discuss the evaluation and further diagnostic tests and treatments that may need to be performed.

If you are not able to be reached, do you authorize diagnostics/treatments as deemed necessary by the veterinarian? YES NO

Best contact number: _____ Alternate contact number: _____
 Alternate contact number: _____ Alternate contact number: _____

****I have read and understand all information on this sheet****

CLIENT SIGNATURE _____ **PRINT NAME** _____