

Drop – Off Admission Form

Owner's Name: _____ Pet's Name: _____

Phone #: _____ **(Must be a number where you can be reached today)**

My pet is here for annual exam/vaccines? Yes or No Do wellness bloodwork? Yes or No

If your pet is here due to illness, what symptoms is your pet having? (Circle all that apply)

Lethargy Vomiting Diarrhea Loss of Appetite Coughing Sneezing Frequent Urination

Increased Thirst Limping – Which leg? _____ Other Symptoms: _____

_____ When did the symptoms start? _____

Has your pet had anything to eat today? _____ When? _____

Has your pet had any medications today? _____ What/When? _____

Diagnostic testing is done only after a complete physical examination by the doctor. The results of these diagnostic tests may be necessary to appropriately treat your pet.

Please Initial **ONLY ONE** of the Following:

_____ I give permission to Animal Medical Clinic of Gulf Gate to perform any and all necessary diagnostic testing and medical treatments for the above pet.

_____ I request that I be contacted prior to Animal Medical Clinic doing any diagnostic testing and medical treatments for the above pet.

****Any pet with fleas or ticks WILL be treated at the owner's expense****

I agree to pay for any and all services incurred while my pet is hospitalized at Animal Medical Clinic of Gulf Gate. I understand that payment is due at the time services are rendered.

Signature of Owner/Agent: _____ Date: _____