



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 an annual exam/vaccines?  Yes  No

Do wellness bloodwork?  Yes  No

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

- Lethargy                       Vomiting                       Diarrhea                       Loss of Appetite
- Frequent Urination               Coughing                       Sneezing                       Increased Thirst
- Limping - Which Leg? \_\_\_\_\_  Other Symptoms: \_\_\_\_\_

Has your pet had anything to eat today?  Yes  No    If yes, when? \_\_\_\_\_

Has your pet had any medications today?  Yes  No    If yes, what/when? \_\_\_\_\_

Diagnostic testing is done 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 follow:

\_\_\_\_\_ 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 by Animal Medical Clinic of Gulf Gate before 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: \_\_\_\_\_