



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: _____