

**DROP-OFF TREATMENT / ADMISSION FORM**

Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

It is **very important** that we are able to contact you during your pet's stay at the clinic – please leave detailed contact instructions below:

Your Name: \_\_\_\_\_ Primary phone # to call to reach you: \_\_\_\_\_

Secondary phone # to call to reach you: \_\_\_\_\_

Name and phone # of another person we should call if you are not available:

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Do you need to pick up your pet by a certain time today? If so, what time: \_\_\_\_\_

Do you have a preferred veterinarian(s) you would like your pet to see today? Check preferred?

Dr. Zeller  Dr. Emily Lemann  Dr. Hill  Dr. Brasher  Dr. Schmidt  Dr. Mitchell

Why are we seeing your pet today (continue on reverse side of admission form if more room is needed)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Duration of Problem? \_\_\_\_\_

Is your pet currently on any medications (please circle)? Yes or No. If yes, please list below:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Are you currently using any additional treatment methods (please circle)? Yes or No. If yes, what?

\_\_\_\_\_  
\_\_\_\_\_

Do we have permission to sedate your pet, if necessary (please circle)? Yes or No.

Has your pet had anything to eat or drink today (please describe)? \_\_\_\_\_

\_\_\_\_\_

I, the undersigned, am the owner of, agent of the owner, or Good Samaritan of the above described pet and that I am fully able to make medical decisions for this pet, and am giving permission for the treatment of this pet.

Signature of Owner or Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Receptionist who checked in this patient: \_\_\_\_\_