



The following information is necessary in order that we might serve you better and give you the personal attention your pet deserves. Please fill out the form completely.

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

We MUST have a phone number of someone that can be reached while your pet is in the hospital.
Phone: _____

Please check off the reason that your pet is here to see us today. If the reason is not listed please mark other.

<input type="checkbox"/> Vomiting	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Coughing	<input type="checkbox"/> Sneezing	<input type="checkbox"/> Itching
<input type="checkbox"/> Limping	<input type="checkbox"/> Constipation	<input type="checkbox"/> Urinary Issues	<input type="checkbox"/> Bath/ Dip	<input type="checkbox"/> Vaccines
<input type="checkbox"/> Bloodwork	<input type="checkbox"/> Radiographs	<input type="checkbox"/> Ear Issues	<input type="checkbox"/> Eye Issues	<input type="checkbox"/> Microchip
<input type="checkbox"/> Recheck Exam	<input type="checkbox"/> Exam	<input type="checkbox"/> Lump/Bump	<input type="checkbox"/> Express Anal Glands	
<input type="checkbox"/> Other				

_____ If your pet is presented to the hospital with fleas, we will give is a safe flea medication to eliminate the fleas. The (initial) cost of this service is \$5.00

_____ Some animals can become frightened or aggressive while in an unknown environment, making it difficult to (initial) examine. If this case I give my consent for the Doctor(s) to use necessary sedation for my animal. I understand that if this is the case there will be a fee. I realize that there is a risk (although small) involved with any type of sedation and those risks have been explained to my satisfaction.

Please provide a brief history of the above reason for visit:

What kind of food does your pet eat? _____

How much and how often do you feed your pet? _____

Is your pet on any medications (including Heartworm prevention, Flea prevention, supplements, over the counter medications)?

Medication	Dosage Given and how often

We try our best to provide you with an accurate estimate of charges, however there are times that we must alter the initial estimate that you were given. In that event we will call you to discuss charges with you.

A deposit is required for any animal that is dropped off to the hospital. We require a deposit of 50% of the estimate given, this total is:\$_____.

Signature of Owner/Agent: _____

Checked in by: _____