



## DAY ADMIT EXAM

Pet Name/Last Name \_\_\_\_\_ Date \_\_\_\_\_

REASON FOR VISIT TODAY?

\_\_\_\_\_

How long has your pet been experiencing this injury or illness? \_\_\_\_\_

Please check the appropriate symptoms:

- |                                                          |                                             |                                                   |
|----------------------------------------------------------|---------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> abnormal eating and/or drinking | <input type="checkbox"/> vomiting           | <input type="checkbox"/> diarrhea or constipation |
| <input type="checkbox"/> coughing and/or sneezing        | <input type="checkbox"/> eye or ear problem | <input type="checkbox"/> skin problem             |
| <input type="checkbox"/> limping                         | <input type="checkbox"/> painful            | <input type="checkbox"/> Other: _____             |

*Please describe details of the above symptoms and any other information for the doctor:*

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

IF YOUR PET IS FOUND TO HAVE FLEAS OR TICKS, WE WILL TREAT IN-HOUSE AT A FEE OF \$26



**PLEASE CHOOSE ONE:**

- Call \_\_\_\_\_ after the initial exam of \$53 with an estimate of medical treatment. (\$68 for an unscheduled exam)

**PLEASE NOTE: *If we cannot reach you, we cannot treat your pet.***

- I authorize to do whatever is necessary to treat my pet (possibly up to \$325.00) may it be bloodwork, x-rays, or medications, and call me with an update and time that I may come get my pet.

**PLEASE BE AWARE THAT THERE WILL BE AN ADDITIONAL NURSING CARE CHARGE TODAY AND PAYMENT IS DUE WHEN SERVICES ARE RENDERED.**

Signature \_\_\_\_\_ PHONE \_\_\_\_\_

*Hospitalized patients are monitored Mon-Fri 7:30am-6:00pm, Sat 8:00am-1:00pm*