

NON-ILLNESS DAY ADMISSION FORM

In order to provide your pet with the best possible medical care, please take a few minutes to fill out this medical form. Your pet cannot speak to us, so please give us your most accurate assessment of his or her condition. Your pet is counting on you!

Owner: _____

Pet Name: _____

Best way to contact you: _____ or _____

REQUEST FOR CARE TODAY (Must initial to be performed):

Diagnostic Procedures:

- Annual Comprehensive Exam: _____
- Intestinal Parasite Screening w/ Giardia (Fecal Testing): _____
- Urinalysis: _____
- Annual routine blood work: _____
- 4DX Test (Lyme Disease, Anaplasmosis, Ehrlichiosis, and Heartworm) (*DOGS ONLY*): _____
- FELV/FIV (*CATS ONLY*): _____

Canine Vaccinations:

- Rabies: _____
- DHLPP (distemper/lepto/parvo): _____
- Bordetella (Kennel Cough): _____
- Influenza: _____
- Lyme: _____

Feline Vaccinations:

- Rabies: _____
- Feline Distemper: _____
- Feline Leukemia: _____

Other Services:

- Bath
- Nail trim
- Other _____

Some pets require sedation for adequate physical exam and/or treatments.

May we sedate your pet if necessary? Yes (Please Initial): _____ Call First: _____

Additional Comments: _____

All animals entering the hospital must be up to date on vaccinations and free of external parasites (fleas, ticks, etc.) or they will be treated upon entry at owner's expense. I hereby authorize the veterinarian(s) and Fine Animal Hospital to examine, prescribe for, and treat the pet described above. I authorize the Fine Animal Hospital to do whatever necessary should an emergency situation arise. I acknowledge and agree to pay all costs arising for the medical care and treatment of the animal above. I also understand that these charges must be paid at completion of service or time of release, and that a deposit of 50% is required for surgical and/or in-hospital treatments.

Signed: _____

I authorize Fine Animal Hospital to use my animal's image for their social media outlets. **Initials:** _____