

Animal Medical Clinic of Gulf Gate Drop-Off Admission Form

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

Phone # (s) where I can be reached **TODAY**: _____

What symptoms is your pet having? Please check all that apply.

Lethargy Vomiting Diarrhea Limping – Which Leg _____
Loss of Appetite Coughing/ Sneezing Frequent Urination Increased Thirst

Other Symptoms: _____

When did these symptoms start? _____

Has your pet had anything to eat today? _____ When? _____

Has your pet had any medications today? _____ What/When? _____

If your pet is a cat, are they indoor only or indoor/outdoor? _____

Diagnostic testing is done only after a complete physical examination by a doctor. The results of these diagnostic tests may be necessary to identify and appropriately treat your pet.

Please Initial One of The Following:

_____ I give permission to Animal Medical Clinic of Gulf Gate to perform any and all necessary medical treatments for the above pet. **This is for diagnostic procedures and medications NOT surgery.**

_____ I request that I be contacted prior to Animal Medical Clinic of Gulf Gate doing any diagnostic procedures, except for any life-saving procedures deemed necessary by the Veterinarian on duty.

Did you need to refill any medications or pick up any supplies today? _____

Most pets will be available for pick-up after 4:30pm unless you are otherwise notified. If you need to pick up your pet by a certain time, please let us know.

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: _____