

Well Pet Drop-Off Admission Form

Owner: _____ **Date:** _____ **Weight:** _____

Patient: _____ **Breed:** _____ **Sex:** _____ **Age:** _____

Reason for your pet's visit today:

Vaccinations and Testing due: Dogs Cats

Intestinal parasite exam	DHPP	FVRCP
Heartworm test (dogs)	Rabies 1yr / 3yr	Rabies 1yr / 3yr
FELV/FIV (cats)	Leptospirosis	Leukemia
Senior Screening blood profile	Lyme	
Drug Monitoring blood profile	Bordetella	

Please list any additional procedures you would like performed for your pet today:

Please list any medications or products you would like us to have ready for you today:

I authorize the following amount for today's services: **\$250** **\$400** **Other** _____
 We will call if the services exceed the amount indicated.

Phone number(s) where I can be reached today:

_____ or _____

I authorize _____ **to pick up my pet on my behalf.**

Client Signature **Date**

Items left with pet: _____

Expected Discharge time: _____ Admitting Technician: _____