

**Drop-off Admission
Daycare/Sick**

Date: / /

Owner Name: _____ Pet Name _____

Phone Number(s)/ times where you can be reached throughout the day

Why is your pet being presented today? _____

Please check all that apply

- Limping Which leg/paw _____ How long _____
- Coughing How long _____
- Vomiting How long _____
- Eating How often _____ Type of food _____
- Drinking How often _____ Type of water (city, bottled, well) _____
- Urinating How often _____ Straining _____
- Other _____

Do we have permission to treat?

- Permission to treat but please call first with an estimate
- Permission to treat, no authorization required
- Treatment not authorized

Do we have permission to do diagnostic testing (bloodwork, X-rays)?

- Permission to treat but please call first with an estimate
- Permission to treat, no authorization required
- Treatment not authorized

May we tranquilize your pet if needed? Yes No

Has your pet eaten today? Yes No

Was your pet treated at an Emergency Clinic? Yes No

Did you speak with a doctor on call last night? Yes No

Does your pet have a history of chronic or recurrent disease? Or surgeries? Yes No
If yes, please explain _____

Does your pet have a history of allergies or reactions to medications or vaccines? Yes No
If yes, please explain _____

Any other information we should be aware of _____

Owner Signature _____