

*Wayside Animal Hospital*

**DROP OFF EXAM ADMISSION**

Client: \_\_\_\_\_ Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Describe the problem:

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

When did it first begin: \_\_\_\_\_

Has it gotten (please circle): better, worse, or stayed the same since then.

Any (please circle): coughing, sneezing, vomiting, diarrhea, lethargy, not eating.

Any prior treatments: \_\_\_\_\_

What amount, type, and brand of food does the animal eat? \_\_\_\_\_

Does the animal eat table scraps? If so, what kind? \_\_\_\_\_

Do you have any questions for the doctor: \_\_\_\_\_  
\_\_\_\_\_

Do we have permission to perform a fecal, bloodwork, x-rays, etc. if necessary? \_\_\_\_\_

Do we need to call you with an estimate before starting treatment or performing any procedures other than listed above? \_\_\_\_\_

What time will you be picking up your pet today: \_\_\_\_\_

At what numbers can we contact you today: \_\_\_\_\_

For your pet's protection, all vaccines must be current, proof of vaccines are required. Bordetella, a kennel cough vaccine, is also required. Your pet must be clean and free of internal and external parasites. To insure the protection and comfort of our patients, we reserve the right to treat any patient for fleas and/or ticks if such treatment is needed.

Client Signature: \_\_\_\_\_

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