



DROP OFF ADMISSION SHEET

Client Full Name: _____

Email Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Emergency contact name and number: _____

****You are granting AMC permission to share medical information about your pet with the above ER contact and consent to electronic communication.****

Pet Information:

NAME: _____ BREED: _____ COLOR: _____

SEX: _____ SPECIES: (dog/cat/etc.) _____

Medical treatment/vaccinations being performed today. Please check off/write in below:

Canine	Feline	Misc.
<input type="checkbox"/> Rabies 1year or 3year	<input type="checkbox"/> Rabies 1 year or 3year	<input type="checkbox"/> Nail trim
<input type="checkbox"/> DHPP 1year or 3year	<input type="checkbox"/> FVRCP 1 year	<input type="checkbox"/> Anal Glands
<input type="checkbox"/> Fecal exam	<input type="checkbox"/> Fecal exam	<input type="checkbox"/> Allergy Injection
<input type="checkbox"/> Heartworm test	<input type="checkbox"/> FIV/FELV test	<input type="checkbox"/> Steroid Injection
<input type="checkbox"/> Bordetella	<input type="checkbox"/> Feline Leukemia vaccine	<input type="checkbox"/> Ear cleaning
<input type="checkbox"/> Lepto vaccine	<input type="checkbox"/> Wellness bloodwork*	<input type="checkbox"/> Bloodwork
<input type="checkbox"/> Lyme vaccine		
<input type="checkbox"/> Wellness bloodwork*		

*Wellness bloodwork includes, Heartworm test, fecal, CBC, electrolytes, T4 and a Chem 10. The cost of the wellness bloodwork is \$124.99, a heartworm test and fecal total \$111.14. These panels can give us a good baseline for the future if other illnesses arise.

*Senior Wellness bloodwork includes, Heartworm test, fecal, CBC, electrolytes, T4, SDMA, Chem 25, and urinalysis. The cost of the wellness bloodwork is \$164.99

Is your pet on any medications (Including Heartworm and Flea/Tick Preventatives) currently? YES NO

If yes, list below:

1. _____ dose: _____ last given: _____
2. _____ dose: _____ last given: _____
3. _____ dose: _____ last given: _____

History:

What food does your pet eat, and when was the last time your pet ate? _____

Does your pet have a history of seizures? YES NO Explain: _____

Does your pet have reactions to medications/vaccines? YES NO Explain: _____

Does your pet have any allergies? YES NO Explain: _____

Is your pet housed: INDOORS OUTDOORS BOTH

Is your pet currently experiencing any signs of illness? (within the last 2 weeks) If Yes, Explain:

The health of your pet and our other clients is as important to us as it is to you; therefore, your pet must be current or receiving vaccinations today. Proof must be provided. Please note Bordetella is not required for surgery, however it is highly recommended. Animal Medical Center is not responsible for any illness contracted by declining the Bordetella vaccine. All pets must be free from external parasites (fleas and ticks) and internal parasites (tapeworms, roundworms, etc.) and current on vaccinations when admitted to the hospital; if not, the pet will be treated/updated at the owner's expense.

Initial: _____

Advance Medical Directives:

_____ (Initial) **CPR** In the event of an emergency, your pet may require CPR and/or resuscitative life saving measures. I choose to have the doctors and staff at Animal Medical Center use every avenue to resuscitate my pet. Additional cost can occur that have not been previously estimated in the event this services is needed up to \$450.00.

-----OR-----

_____ (Initial) **DNR (DO NOT RESUSCITATE)** I prefer that the doctors and staff at Animal Medical Center **DO NOT** perform resuscitative measures, in the event of an emergency, that may require CPR and/or resuscitative life saving measures.

Authorization to treat

_____ (Initial) **EMERGENCY DIAGNOSTICS** In the event of an emergency, your pet may require advanced testing to diagnose their critical level. Such as but not limited to X-rays, ultrasound, bloodwork, placement of IV catheter and fluids for emergency stabilization. Additional cost can occur that have not been previously estimated in the event these services are needed up to \$500.00.

Authorization to Treat:

I, the undersigned owner or agent of the owner of the pet identified above, certify that I am eighteen years of age or over and authorize the veterinarians at Animal Medical Center to examine, prescribe, treat, administer medication, anesthesia, surgical procedures, tests and or/treatments that the doctors deem necessary for the health, safety and well-being while under their care and supervision. I acknowledge that I am responsible for payment in full for the above procedures and treatments. I understand that all professional fees are due at the time services are rendered. Animal Medical Center does not accept payment plans or bill for services rendered. Animal Medical Center accepts cash, debit, American Express, Discover, Master Card, Visa or Care Credit.

Printed Name _____

Signature of Owner or Authorized Agent _____

Date _____

*Animal Medical Center likes to share pictures of our patients on our Facebook page and website! By initialing next to the **YES**, you are consenting to allow us the use of pictures of your pet for promotional materials such as social media or brochures. By initialing next to the **NO**, you are asking us to not publish pictures of your pet.*

YES (Initial) _____ **NO** (Initial) _____

Intake Assistant/Technician initials: _____ Intake Date: _____ Time: _____