

DROP OFF ADMISSION FORM

(Please Print)

Animal Clinic of West
Plains, Inc.

Client Name: _____ Patient Name: _____

Phone number(s) where you can be reached **TODAY:** _____

Why are we examining your pet today? _____

Is your pet: Indoors only Outdoors only Both Indoors and Outdoors

Does your pet spend time with children under age 7 or immunosuppressed adults? Yes No

Has your pet had any coughing or sneezing? Yes No

Has your pet had increased thirst? Yes No Increased Urination? Yes No

Has your pet had any decrease in appetite? Yes No

Has your pet had any decrease in activity level? Yes No

Has your pet had any vomiting or diarrhea? Yes No If Yes, when and how much? _____

Has your pet eaten in the last 12 hours? Yes No

Does your pet get fed human food? Yes No If so, what? _____

Does your pet have any lumps/growths you would like us to look at? Yes No Where? _____

Is it OK to sedate or anesthetize your pet if needed? (FEE APPLIES) Yes No

Would you like any additional services performed while your pet is with us?

Deworming	AVID Microchip Implantation
Heartworm Test/Tick Panel (K9 Only)	Nail Trim
Leukemia and FIV Test (Feline Only)	Bath or Full Grooming
*Flea and Tick Treatment with Frontline Plus (Lasts One Month)	

**Please note: For the welfare of your animal and others in the Clinic, if your animal is infested with fleas and/or ticks, it will immediately be treated at your expense.*

In using this drop-off form I realize that **IT IS ESSENTIAL THAT I BE AVAILABLE BY PHONE** (not voicemail) so that the doctor can best help me and my pet. If I am not available I understand that the doctor will proceed as directed below:

**In the event that I am not available by telephone the Doctor may:

Do what he feels necessary to treat/diagnose my animal

Do what he feels necessary to treat/diagnose my animal not to exceed: \$_____

I, the undersigned owner or authorized agent of the above patient, hereby authorize the Doctors of the Animal Clinic of West Plains, Inc. to administer necessary treatment and perform medical procedures. I further understand that no guarantee of successful therapeutic or diagnostic outcome is made. I also assume financial responsibility for all charges incurred, and agree to pay all charges at the time of release, unless other arrangements have been made PRIOR to admission to the Clinic and PRIOR to treatment of the above described animal. Payment is accepted by cash, check, or credit card.

Signature of Owner/Agent

Date