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Admission

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Owner: _____ Pet's Name: _____

Best Contact Phone # (_____) _____
(For Today between 8AM and 12 Noon)

Other Phone (_____) _____

PREFERABLE TIME FOR PICKUP : _____
(Numerical Time or No Urgency)

Personal items brought (Carrier, leash/collar, etc.) _____

CONCERNS:

Please describe any unusual health symptoms that your pet is having (vomiting, rubbing ears, sneezing, coughing, not eating, diarrhea, etc.). Please let us know when the symptoms started and how frequently they are occurring: _____

Prescription Refills: Sentinel, Heartgard, Food (Circle One) **No** **Yes** (Please List)

Vaccinations / Bath / Nail Trim / Groom / Labwork: (Circle One) **No** **Yes** (Please List)

In case of illness or injury, if I cannot be reached by phone, I do hereby give my consent for the veterinarians of Coit Hedgcoxe Animal Hospital, P.C. to treat, prescribe for, or operate upon my pet(s) while they are here. I understand that every effort will be made to contact me prior to any procedures being performed, but emergency and/or necessary treatment will not be withheld if contact is not made. All dogs and cats must be current on vaccinations (Rabies, Distemper, Bordetella for Dogs, and fecal exam) and free of external parasites (fleas and ticks) or they will be treated at my expense. The Hospital is to use all reasonable precautions against illness, injury, or escape of my pet(s), but the Hospital will not be held liable or responsible for care or treatments that are beyond its control.

I understand that Coit Hedgcoxe Animal Hospital closes at 6:00 PM (Monday – Friday) and 12:00 Noon (Saturday).

Signature of Owner or Authorized Agent

Date

Check-in	2	3	4	5	6
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