MEMORIAL VETERINARY CLINIC

DAY ADMISSION FORM

OWNER'S NAME: _____ **PET'S NAME:** _____

TODAY'S CONTACT NUMBER(S): (Primary) _____ (Alternate) _____

Preferred Pickup Time for Day Patient: _____

When the doctor examines your pet, you have a 10-minute window to reach us at this number. The doctor will proceed with the suggested treatment if we cannot reach you. Please leave the best number possible and stand by for our call or text.

REASON FOR VISIT TODAY:

☐ **Medical Concern** ☐ **Annual/Vaccines** ☐ **Recheck** ☐ **Lab Bloodwork** ☐ **Bath**

Other _____

TIME OF LAST MEAL: _____

The doctor will examine if you drop off your pet for a routine annual exam or recheck. However, due to scheduled appointments or surgery, the doctor may not be available to speak with you when you pick up your pet.

HEALTH UPDATE: Compared to last visit.

Appetite:	☐ Normal	☐ Increased	☐ Decreased
Attitude:	☐ Normal	☐ Better	☐ Worse
Activity:	☐ Normal	☐ Increased	☐ Decreased
Water Intake:	☐ Normal	☐ Increased	☐ Decreased
Stools:	☐ Normal	☐ Increased	☐ Decreased
Urination:	☐ Normal	☐ Increased	☐ Decreased
Pain:	☐ Normal	☐ Increased	☐ Decreased
Vomiting:	☐ None	☐ Increased*	☐ Decreased*

*How Frequent: _____

FINANCIAL RESPONSIBILITY:

Payment is Due at Check-Out.

Who will be paying the invoice today?

Name: _____

Number: _____

Call for approval if treatment charges are over:

☐ $250 ☐ $500

☐ $750 ☐ Other: _____

CURRENT MEDICATIONS: Are you leaving medications with us today? ☐ Yes ☐ No (check one)

Medication(s) Name & Directions:	**Time Last Dose Given:**	**Refill Needed?**
_____		☐ Yes ☐ No
_____		☐ Yes ☐ No

PROBLEMS, QUESTIONS, OR CONCERNS REGARDING YOUR PET: _____

_____

Please be assured that we provide comfortable quarters for all patients. We prefer that you do not leave valuable items at the clinic that could become misplaced or lost in the laundry. We cannot be held responsible if an item goes missing. If you do leave personal items, please add identification.

Signature: _____ **Date:** _____