

Orchard Hills Animal Hospital

Drop off/Admit Form

Owner's Name: _____ Pet's Name: _____

I, the undersigned, certify that I am the owner/agent of the animal described above. I give East Padden Animal Hospital permission to perform a thorough physical examination and treatments as discussed.

Briefly describe the problem: _____

Length/duration of problem: _____

Appetite: Normal _____ Decreased _____ Increased _____

Water Intake: Normal _____ Decreased _____ Increased _____

Activity Level: Normal _____ Decreased _____ Increased _____

Bowel Movements: Normal _____ Abnormal (please describe) _____

Urination: Normal _____ Abnormal (please describe) _____

Vomiting? _____ If yes, how often _____ Describe _____

Current Diet _____ Amount & Feeding Frequency _____

Is your pet currently on any medications? _____

It is important that we have a phone number where you can be reached for further consultation upon completion of your pet's physical exam. **Phone number:** _____

If you can't be reached, do you want the veterinarian to proceed at his/her own discretion? **Y N**

I hereby authorize East Padden Animal Hospital to perform such diagnostic, therapeutic and surgical procedures as will be discussed with me. I also authorize the hospital staff, in an emergency situation, to follow through with such procedures as are necessary for the well being of my pet on a continuing basis until further communication with me. I understand that I will be given an estimate and understand that it is an approximation of planned procedures and the final bill may be more or less than this amount. I understand that I assume financial responsibility for all services rendered.



Owner signature: _____

Date: _____

Staff signature: _____

December 2007