

Vidalia Veterinary Clinic

Caring for the Heartbeat at your Feet

DAY ADMISSION FORM

First Name: _____ Last Name: _____
Address: _____
Contact Phone Number: _____ Other: _____
Emergency Contact Name: _____ Phone Number: _____

PET INFORMATION

Pet's Name: _____ Breed: _____ Color(s): _____
Age/Birth Date: _____ Species: Dog Cat Other: _____ Sex: Male Female

If your pet is found to be carrying any parasites, including fleas, they will be treated to prevent the spread to other patients in the clinic, and you will be responsible for the additional cost. An exam will be performed by the veterinarian and you will be contacted to discuss an estimate/treatment plan

- What is the reason for your pet to be seen today?

- If your pet is visiting us due to illness or injury, how long have they been sick/injured? _____
- How has your pet's appetite been? Normal Decreased Increased Not eating for _____ days.
- My pet's normal diet is: _____
- Has your pet had any people food, new treats, gotten in the trash, or eaten anything they shouldn't have in the past 7 days? YES NO List: _____

- My pet's bowel movements are: Normal Diarrhea Constipated for _____ days. Have blood present
- My pet's urination is: Normal Increased Decreased Has blood in it Has changed in color
- My pet has been vomiting: YES NO for _____ days. Describe: _____

- Is your pet currently taking any medications daily or on monthly preventatives? YES NO
If yes, please list: _____
- Do you have proof of up-to-date vaccinations for your pet? YES NO
**All patients 12 weeks and older must have an up-to-date rabies vaccine given within the past 12 months. Documentation from a licensed veterinarian is required prior to or at the time of admission. Patients who are not up-to-date will receive a rabies vaccine today as long as the veterinarian deems it safe.*
- Do you authorize blood work to be performed on your pet? YES NO
- Do you authorize diagnostic imaging to be performed on your pet? YES NO
- I would like my pet to be bathed while it is here (\$20-45): YES NO

In the event your pet's condition becomes critical during their stay, please check one of the following options:

I authorize Vidalia Veterinary Clinic to perform emergency and/or lifesaving treatments and diagnostics on my pet. I agree that I will be responsible for any incurred expenses regardless of the outcome.

I do NOT authorize Vidalia Veterinary Clinic to perform emergency and/or lifesaving treatments and diagnostics on my pet. I understand and accept that my pet may die if no intervention is taken.

I understand that if I cannot be reached at the phone numbers provided to discuss recommended treatments outside of the already authorized services/estimate, nothing else beyond a physical exam and those services requested will be done on my pet today. Any pets dropped off will not be ready for discharge until 5:00 pm unless told otherwise.

Owner's Signature Date

**Please providing a current, working, phone number and email as these are our primary means of communication with you about your pet(s) while in our care.*