



## Drop Off Medical Appointment Admission Information

Client Name: \_\_\_\_\_

Telephone Number to reach you today: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

When was your pet's last meal? \_\_\_\_\_ What diet does he/she eat? \_\_\_\_\_

What medications/preventatives/vitamins (if any) is your pet receiving?

Medication	Amount (dose)	Frequency (times)	Last Given

Is your pet sensitive or allergic to any medications or food? No  Yes  (please list)

\_\_\_\_\_

What vaccinations, if needed, would you like us to give your pet today?

Canine: Rabies  Distemper-Parvo  Lepto  Lyme  Bordetella  Canine Influenza

Feline: Rabies  Feline Distemper (FVRCP)  Feline Leukemia

What laboratory tests would you like us to perform today?

4Dx (Heartworm, Lyme, Ehrlichia, Anaplasma)  Fecal  Annual Wellness Labwork (Refer to Wellness Panel Information)  Other  \_\_\_\_\_

If there are any medical concerns, please describe any problem(s) your pet is having (ex. vomiting, diarrhea, inappetence, lethargy, new lump or mass and location, etc.), pertinent history leading up to the current condition, any previous major medical problems:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like us to:

- Treat your pet after examination if any abnormalities are found during exam?
- Call with estimate of treatment cost if these costs exceed \$\_\_\_\_\_?
- Call you with the findings of the examination and an estimate of treatment cost prior to treating your pet?

I, the undersigned owner, authorized agent of the owner or Good Samaritan responsible for seeking veterinary care for the pet identified above, certify that I am over eighteen years of age, and hereby consent to the examination of this pet by staff veterinarians at Fairfax Animal Hospital. I also agree that after consultation with me, the hospital's doctors may prescribe medication for, treat, hospitalize, sedate, anesthetize and/or perform surgery on this animal. I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure is initiated. Should some unexpected life-saving emergency care be required and the attending veterinarian be unable to reach me, this practice's staff has my permission to provide such treatment and I agree to pay for all related fees. I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made.

I understand that an estimate of the costs for veterinary services will be provided to me by request and that I am encouraged to discuss all fees attendant to such care before services are rendered and during this pet's ongoing medical treatment. If this animal is hospitalized, I agree to pay a deposit of 50 % of the estimated fees and assume financial responsibility for the balance of all services rendered on a cash or credit card basis at the time the pet is discharged from the hospital. In the event the pet is hospitalized for more than twenty-four hours and the attending doctor is unable to reach me, I understand it is my responsibility to call the hospital at least every twenty-four hours to inquire as to the medical status of my pet and the fees incurred for medical services up to that day.

The Fairfax Animal Hospital has business & staffing hours *Monday through Friday, 7:30 am to 7:00 pm* and on *Saturday 8:00 am to 3:00 pm*. There is no in-house continuous medical staffing during those hours we are closed. These non- staffing hours include Monday - Friday after 7:00 pm., Saturday after 5:00pm and all Sundays and Major Holidays.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_