



ROUTINE ADMISSION CHART

Owner: _____
 Patient: _____
 Date: _____
 Doctor Preference: _____
 Phone numbers where you may be reached: _____
 Time you wish to pick up your pet: _____

We have marked which wellness services are due for your cat. **Please indicate your permission to perform these services by initialing in the "Approved" column. Please note: if wellness exam, Rabies vaccine, or FVRCP vaccine are due, they MUST be completed upon admission.** Also, blood profile is required for refill of certain medications.

Please let us know which additional services and products you need for your cat by initialing in the space provided.

	Services Due	Approved
Wellness Exam		
Rabies		
FVRCP		
FeLV		
FIV/FeLV test		
Fecal test		
Blood Profile		
Urinalysis		

Toe nail trim	
Ear cleaning	
Sanitary Clip	
Anal gland expression	
Furminate	
Microchip	
Heartworm prevention qty _____	
Flea prevention qty _____	
Other medications/supplements	
Other services needed or areas of concern:	

I understand that fees for professional services are to be paid at the time they are performed. Further, I understand that hospital policy states that any animal diagnosed with external parasites will be treated at normal hospital rates.

Signature of owner/representative

date