



### 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 dog. **Please indicate your permission to perform these services by initialing in the "Approved" column. Please note: if wellness exam, Rabies vaccine, or DHP 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 dog by initialing in the space provided.

	Services Due	Approved
Wellness Exam		
Rabies		
DHP		
Bordetella		
Lepto		
Lyme		
Heartworm Test		
Fecal Test		
Blood Profile		
Urinalysis		

Toe nail trim	
Ear cleaning	
Bath	
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*