

Sunnyvale Veterinary Clinic

Drop-off Admission Form

Owner Information

Name _____

Address _____ Phone Number _____

Phone Number(s) where you can be reached **today** _____

Pet Information

Name _____

Why are we examining your pet today? _____

Is your pet (circle one) Indoors only Outdoors only Both indoors and outdoors

Has your pet had any coughing? Yes No Has your pet had any sneezing? Yes No

Has your pet had increased thirst? Yes No Increased urination? Yes No

Does your pet have any lumps or growths you would like us to look at? Yes No If so, where?

Has your pet had any decrease in appetite? Yes No

Has your pet had any decrease in activity level? Yes No

Do you need a price estimate prior to any procedures? Yes No _____ Call me first

Is it OK to sedate or anesthetize your pet if needed? Yes No _____ Call me first
(fee applies)

Has your pet had any vomiting or diarrhea? Yes No If yes, when & how much? _____

Has your pet eaten today? Yes No If yes, what time? _____

What (if any) medications have you given your pet today? _____

_____ What time? _____

Would you like your pet bathed? (ask for price) Yes No

Would you like flea treatment with Advantage Multi or Frontline? Protection lasts one month. (ask staff for current price) Yes No

Would you like a HomeAgain Microchip ID? (\$40) Yes No

I, the undersigned owner or authorized agent of the above patient, hereby authorize the doctors of Sunnyvale Veterinary Clinic to administer necessary treatment and to perform medical procedures. I further understand that no guarantee of successful therapeutic or diagnostic outcome is made. I also assume financial responsibility for all charges incurred, and agree to pay all charges at the time of release.

Signature of owner/agent _____ Date _____