

Gage Animal Hospital

Pet Treatment/Admittance Form

Primary Information:

What do you currently feed your pet? _____

Is your pet on any medications? If so, please list: _____

What symptoms have you noticed with your pet? _____

How long have you noticed your pet's symptoms? _____

What other services do you wish for us to perform?

- Health Assessment
- Diagnostic Work-Up
- Heartworm Check
- Vaccinations
- Bathing or Grooming
- Blood Profile
- Other: _____

NOTE: For your pet's protection and all other pets at Gage Animal Hospital, all vaccinations must be current. We hope you understand the necessity of such requirements to protect all patients. If not current, do we have your permission to update vaccinations? YES NO

Authorization:

I authorize the veterinarian(s) and staff of Gage Animal Hospital, P.A. to perform the above indicated services for my pet. **I understand that any health problem that may develop with my pet will be treated as deemed appropriate by the attending veterinarian and I assume full responsibility for the treatment expense involved.**

Phone number(s) where you can be reached should any questions or an emergency arise:

Alternate Contact: _____

Signed: _____ Date: _____