

GAGE ANIMAL
HOSPITAL



4000 SW 12th Street • Topeka, KS 66604 • 785-272-8876 • www.gageanimalhospital.com

PATIENT ADMITTANCE

Owner Name: _____ **Pet Name:** _____

Primary reason for admittance: _____

What symptoms have you noticed with your pet? _____

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

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

What do you currently feed your pet? _____

Are there additional services you wish for us to perform? _____

PLEASE NOTE: For your pet's protection and the protection of all other pets at GAH, all vaccinations must be current. We hope you understand the necessity of such requirements.

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.**

If you cannot be present at the time of your pet's release, we must have authorization to release your pet to another person. In my absence, I authorize the release of my pet to: _____

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

Alternate Contact: _____

Signed: _____

Date: _____