Heartland Animal Hospital

Patient Drop Off Admission Form

Today's Date: ___/___/___ Client's Name:_____ Pet's Name: _____
Phone Number: _____
We will need to be able to contact you or someone with permission to make medical and financial decisions. Who will we be speaking with? [ ] Me or [ ] Name _____Phone:_____

Pet's Current Condition

Has your pet eaten today? ____ No _____ Yes _____Time
Reason(s) for visit today (**PLEASE CHECK ALL THAT APPLY**) :
[ ]Illness _____ [ ] Injury _____ [ ] Recheck _____
[ ]Weight Management/Nutritional Consultation [ ]Yearly with vaccinations
[ ]Other _____

Are there any additional concerns, such as:
[ ] Eating [ ] Drinking [ ] Bad breath [ ]Weight loss/gain [ ] Scooting [ ] Shaking head [ ] Vomiting
[ ] Diarrhea [ ] Skin issues [ ] Urination issues [ ]Behavior problem
[ ]Other_____

Medication Information

Has your pet ever had an adverse reaction to any medication? _____
Current Medication(s):_____
Did your pet receive medication this morning? _____
If yes, what medication was given and when? _____
Do you need any refills on any of your pet's medications? _____
If yes, please list: _____

Additional Services

[ ] Ear cleaning [ ] Nail Trim [ ] Microchipping [ ] Anal gland expression [ ] Sanitary Trim [ ] Other

I authorize the treatment(s) selected for the pet listed above. I understand the doctor or technician will contact me after he/she has examined my pet to discuss a recommended treatment plan. I authorize the hospital staff, in the event of an emergency, to perform any additional procedures necessary for the well-being of my pet until further communication with me. Payment is due at the time of discharge. I understand that follow-up exams and additional treatments are not covered in today's price. Patients entering the hospital must be up to date on vaccinations unless here to receive today or medically exempt. I am aware that someone will contact me with a time to pick up my pet.

Signature of Client:_____ Date: _____

Office Use Only
Admitted By: _____ Carrier/Leash: [ ] Yes [ ] No
Items left with pet:_____