



Lake City Animal
Health & Wellness Center
Admission Form

Client Name: _____

Pet's Name: _____

Please check the following symptoms that your pet is having:

Vomiting:
 ○ How often? _____

Diarrhea:
 ○ When did it start? _____
 ○ Consistency? _____

Itching:
 ○ Scale of 1-10 (10 being itching constantly) _____
 ○ Any particular place? _____

Lameness:
 ○ Where on body? _____

Other: _____

Vaccinations (Due for:) Exam: Any concerns? _____

Rabies DHPPCV/FVRCP Bordetella Lepto

Lyme HWT Fecal Leukemia Feline Leukemia/FIV Test

Please describe in detail about the problems your pet is having:

Certain diagnostic tests (i.e. bloodwork, radiographs) may be required to help diagnose your pet's problem. A mild sedative may also be necessary. Please authorize the preliminary diagnostics (and sedation if required) and we will call you with an estimate if more extensive procedures or diagnostics are necessary. **Please leave a number where you can be reached today.** A deposit is required in all cases, with the balance due at the time of dismissal.

Do we have permission to do: Bloodwork Radiographs Vaccinations

Signature: _____

Date: _____

Phone Number(s): _____
