

Clinic Day Admission Exam Form



Owner: _____ Date: _____
Address: _____
Phone: _____ Other Phone: _____
Requested Pick-Up Time (If possible): _____

Are you the: Owner () Son/Daughter () Friend () Legal Guardian () Other ()

Patient Name: _____ Species: _____ Breed: _____
Age: _____ Color: _____ Sex: _____

Please describe in detail any symptoms that _____ is having, also include the location: _____

How long has your pet had these symptoms? _____
Is your pet on any medication or dietary supplements? _____ If so, please list medication below and why.

Diet: Brand: _____ Amount: _____ Canned: _____ Dry: _____
People Food: _____ Treats: _____
What has your pet eaten in the last 48 hours? _____

I authorize Scottsdale Veterinary Clinic to perform the following before notifying me:

Physical Exam - \$69.50 () Bloodwork - \$132 - \$268 () Urinalysis - \$74.42 () Ultrasound - \$276.62 ()
Vaccines - \$20.00/ea + exam () Microchip - \$69.42 () Fecal Sample - \$58.12 () X-Rays - \$242+ ()
Other Treatment - () _____
I authorize sedation, if needed, for my pet () Call before Sedating () (Cost: \$86 - \$158)

I authorize a maximum expenditure of \$_____ before the Veterinarian consults with me.

I understand that The Scottsdale Veterinary Clinic cannot guarantee a time that my pet will be available for discharge and that TSVC will ensure to communicate with me a time to pick up my pet. Also, that my pet may not be evaluated by a vet for up to 8 hours.
Please Initial: _____

Authorized Signature: _____ Date: _____

Intake Nurse Initials: _____ **Attending Nurse Initials:** _____ **Client Number:** _____