

Clinic Day Admission Exam Form



Owner: _____ Client Number: _____ Date: _____

Address: _____

Phone: _____ Other Phone: _____

ALLERGY:

Requested Pick-Up Time (If possible): _____

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

Patient Name: _____ Species: _____ Breed: _____

Birthday: _____ Color: _____ Sex: _____

Please describe in detail any symptoms that <animal> 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 - \$102.00 () Bloodwork - \$215 & Up() Urinalysis - \$114.94 () Ultrasound - \$400.65()

Vaccines - \$35 - \$56/ea + exam () Microchip - \$94.16 () In House Fecal Sample - \$78.83 () X-Rays - \$372.22 & up ()

Other Treatment - () _____

I authorize sedation, if needed, for my pet () Call before Sedating () (Cost: \$141 - \$333)

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:** _____