

## ABSENTEE EXAM ADMITTANCE FORM

**CLIENT:** \_\_\_\_\_ **PET:** \_\_\_\_\_ **dog / cat**  
(circle)

**DROP OFF DATE:** \_\_\_\_\_ \*please make a note of our regular business hours when arranging pick up

**DOCTOR PREFERENCE:** (circle one) Dr. Bowyer      Dr. Cerjan      Dr. Fitzgerald      No Preference

### **MEDICAL INFORMATION**    Rept. Init.

1. List any medications your pet is currently taking: \_\_\_\_\_
2. List any medications your pet is allergic to: \_\_\_\_\_
3. Please list any previous diagnosed medical conditions: \_\_\_\_\_
4. Indicate with an "X" your pet's current symptoms and explain:  

<input type="checkbox"/> Vomiting	<input type="checkbox"/> Lameness	<input type="checkbox"/> Skin Problem
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Difficult Urination	<input type="checkbox"/> Scratching
<input type="checkbox"/> Sneezing	<input type="checkbox"/> Lack of Appetite	<input type="checkbox"/> Eye Problem
<input type="checkbox"/> Constipation	<input type="checkbox"/> Lethargy	<input type="checkbox"/> Ear Problem
<input type="checkbox"/> Tumor/Growth	<input type="checkbox"/> Other	<input type="checkbox"/> Vaccines

Explain: \_\_\_\_\_  
\_\_\_\_\_
5. Number of days problem has persisted: \_\_\_\_\_
6. Date and time of most recent meal (type, brand?): \_\_\_\_\_
7. Date and time of last bowel movement (Normal?): \_\_\_\_\_
8. Date and time of last urination (Normal?): \_\_\_\_\_

### **FLEA CONTROL (MARCH THROUGH OCTOBER)**

In order to keep fleas out of our kennel, we require that your pet is currently taking one of the flea treatments listed below. Please indicate the last time you treated your pet. If your pet is not current of flea control, we will administer your pet's normal flea control. We apply Advantage to all pets that are not on a regular flea treatment program.

Date Applied	Product	Description	Dosage
	Advantage	Topical adulticide for fleas	Once monthly
	Frontline	Topical adulticide for fleas/ticks	Once monthly
	Program	Pill to prevent flea eggs from hatching	Once monthly
	Program injection	For cats only	Every 6 months
	Sentinel	Heartworm and flea preventative	Once monthly
	Revolution	Topical adulticide for fleas/ticks, heartworm prev.	Once monthly

**Notice:** Any animal admitted with fleas or not currently on flea preventative will be treated at the owner's expense

### **CLIENT APPROVAL**

**Sedation**                      **Initial:** \_\_\_\_\_

In the event that radiographs or a procedure requires sedation to allow proper positioning, examination or treatment, we request that you initial above. \*Note: sedation usually costs \$48

#### **Please Select One**

- \_\_\_\_ I authorize whatever tests/treatments the doctor feels are necessary .  
\_\_\_\_ I authorize whatever tests/treatments the doctor feels are necessary, but call first if estimate greater than \$ \_\_\_\_\_  
\_\_\_\_ I would like the doctor to call me before any tests or treatments are performed (\*please make sure you can be reached at the contact number!)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_