

Day Admit Form

Today's Date _____

Owner's Name _____

Phone Number(s) where you can be reached TODAY # _____

Pet's Name _____ Your Pet's Age _____ Weight _____

Is your pet Male or Female? _____

Is your pet on any medications currently? If so, please list all medications and frequency given:

Is your pet given consistent MONTHLY preventative medication? (Heartworm and Flea):

Is your pet allergic to anything? If so, please describe:

Has your pet had any illnesses or seizures in the past? If so, please describe:

Has your pet been given any food or medications today?

If your pet needs to be given any medications at home, which to you prefer to give?

- Liquid
- Pills/Tablets

Requests (check all that apply):

- Physical Examination
- Diagnostics recommended by Doctor (if needed): Xrays, Bloodwork, Ultrasound etc.
- Vaccinations / Testing: Rabies Distemper/Parvo Bordetella Lyme Lepto
 Influenza FVRCP Leukemia Heartworm test Fecal Bloodwork Panel
- ACTH Stim Test
- Blood Glucose Curve
- Bath/Medicated Bath For cat baths, Sedation or Anesthesia may be required.
- Nail Trim
- Anal Gland Expression
- Brush Out/Furminated

Continued on the next page →

All pets that stay with us for Boarding are required to have current vaccinations; Rabies, Distemper, and Bordetella (every six months). Also, all pets must be free of contagious parasites such as fleas, ticks or gastrointestinal worms. We will treat your pet for any parasites that will affect other animals in our care and you will be charged for these services.

Owner's Signature: _____

Admit Nurse Initial: _____

IN THE EVENT OF A MEDICAL CRISIS:

- I wish for the doctors of the Veterinary Clinic of Myrtle Beach to perform **CPR** on my pet if he/she suffers respiratory or cardiac arrest. I understand that my pet may or may not respond to this life-saving procedure.

I understand that if my pet survives because of **CPR**, he/she may have permanent health issues.
CPR may cost up to \$300.00

- I **DO NOT** want CPR performed on my pet. I understand that if my pet stops breathing, and/or his/her heart stops beating, that my pet will die. I elect to have **DNR** orders placed on my pet's record for his/her boarding stay.

Signature _____

Date _____