

# Admission Form

Client's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_  
Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_  
Color/Markings: \_\_\_\_\_

Why are we examining your pet today: \_\_\_\_\_

What symptoms are you seeing, when did they begin, how frequently are they occurring?  
\_\_\_\_\_  
\_\_\_\_\_

What do you feed your pet, and when did your pet last eat or drink? *(includes treats, medications, etc.)*  
\_\_\_\_\_  
\_\_\_\_\_

What medications, supplements, and/or over the counter products are you currently using for your pet?  
*(please include heartworm/flea/tick/parasite prevention)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any other services Lake Pine Animal Hospital can provide for your pet at this visit? *There will be an additional charge for these services.*

Bath     Nail Trim     Anal Gland Expression     Clean Ears  
 Microchip     Clip Mats     Other

I, the undersigned owner or authorized agent of the above patient, hereby authorize the doctors of Lake Pine Animal Hospital to administer necessary treatment and to perform medical procedures. I further understand that no guarantee of successful therapeutic or diagnostic outcome is made. I also assume financial responsibility for all charges incurred, and agree to pay all charges at the time of release. I authorize an initial exam to be performed and understand that a doctor or staff member will call me with an estimate to proceed with diagnostics or treatment. If I am unable to be reached by the phone number(s) I have provided I authorize doctors of Lake Pine Animal Hospital to perform initial diagnostic and therapeutic procedures up to \$\_\_\_\_\_ *(charges may include but are not limited to exam, bloodwork, radiographs, fluid therapy, medications for treatment of symptoms, etc.)*. All pets being cared for in our facility must be current on all required vaccinations and free of fleas and ticks, or they will be treated at the owner's expense. Required vaccines for dogs are Bordetella, Rabies, DHPP, and for cats they are FVRCP and Rabies.

Owner/Authorized Agent Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Contact #'s for today: \_\_\_\_\_

**For Staff Use Only:**

Current on Vaccinations  
 Not Current

Vaccinations to be done while here: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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