

Centralia Animal Hospital
804-768-4212

4125 Celebration Ave
Chester, VA 23831

Drop off Admission Form

Date: _____

Owner name: _____ Primary Phone# _____ Secondary # _____

Pet: _____ Breed: _____

Being seen today for: _____

If sick how long has your pet been exhibiting these symptoms? _____

Has your pet had this problem in the past? **Y/N** If yes please explain: _____

Please circle **all** that apply: **coughing sneezing vomiting diarrhea**

(if yes to any of these then how long?) _____

Are you aware of anything **abnormal** that your pet may have gotten into or eaten? _____

What is your pets normal **diet**? _____ When was the last time your pet **ate**? ____ Drank **water**? _____

Please circle **all** that apply about your pets environment:

Indoor only Fenced in yard Leash walked Not restricted

Please list the other pets in the household: _____ Any similar symptoms? ____

My pet is on the following medications, including heartworm and flea medications, (please indicate amount and time medications are given): _____

Please tell us the last time and amount your pet got their medication. _____

Please list all items you sent with your pet today: _____

I would like to have the following done to my pet while here today:

Vaccine update: _____

Toe nails trimmed: _____

Ears cleaned: _____

Anal glands expressed: ____

Refill heartworm or flea medication: ____

Fecal exam: _____

Heartworm test: ____

In the event of an illness or emergency the staff will immediately attempt to call myself or my agent inform of the situation.

Signature: _____ Date: _____

-OVER PLEASE-

You are to use all reasonable precaution against injury, escape, or death of my pet, but you will not be held liable or responsible in any manner, in connection therewith as it is thoroughly understood that I assume all risks.

All charges, including boarding cost, shall be paid upon release of my pet from the hospital. If the pet is not called for within 7 days after the time specified for pick up, and if the doctor is not notified in writing of an alternative date within the 7 day period, the animal will be considered abandoned and may be disposed of as the doctor sees fit. It is understood that that this does not release me from paying all costs of your services and use of your hospital, including costs of boarding. I also understand that the hospital is only staffed during the approximate hours of:

7:30 AM – 6:30 PM Mon. – Fri. and 8 AM – 12:30 PM Sat. (These hours may vary somewhat based upon schedule changes, holidays, season, and unforeseen circumstances.)

Finally, I understand that if this contract or any debt owed to Centralia Animal Hospital is referred to an attorney for collection, I agree to pay all attorney fees in the amount of thirty three and one-third percent (33 1/3 %) of the total indebtedness, court costs, and a service charge of one and one-half percent (1 ½ %) per month, eighteen percent (18 %) per annum.

After carefully reading the above, I have signed in agreement.

(Owner or responsible party)