

Ruskin Animal Hospital - Drop-Off Admission Form

Pet: _____ Owner First/Last Name: _____

Phone _____

Alternate Contact name _____ Phone: _____

Is your alternate contact authorized to make treatment and payment decisions? (Yes) / (No)

What is the reason for today's visit? If your pet is ill, please list how long your pet has been experiencing the issue and if any medical care/medications given.

Did your pet eat this morning? (Yes) / (No) What time? _____

Current Diet Brand _____ Amount Fed _____ # times Per Day _____

List type of Flea/Tick/Heartworm Prevention

List chronic medications:

Common issues that you might like to address today (Circle those that apply):

- | | | | |
|---------------------------|---------------------------|-------------------------|---------------------------|
| <i>Itching/Scratching</i> | <i>Shaking Head/Ears</i> | <i>Scotting</i> | <i>Weight (gain/loss)</i> |
| <i>Skin/coat</i> | <i>Eye Problems</i> | <i>Nutrition</i> | <i>Behavior</i> |
| <i>Vaccines</i> | <i>Parasites</i> | <i>Vomiting</i> | <i>Loose Stool</i> |
| <i>Mobility Concerns</i> | <i>Growths/Tumors</i> | <i>Increased Thirst</i> | <i>Bad Breath</i> |
| <i>Urination Issues</i> | <i>Excessive Sleeping</i> | <i>Injury</i> | |

Please initial:

I understand that if my pet is found to have parasites, they will be treated while in the clinic at cost to me. _____

I authorize the medical team to treat my pet up to \$_____ in the event that I or my alternate contact cannot be reached. _____