



Client and Pet Care

ADMISSION FORM

We look forward to assisting you in caring for your pet. In order to provide the very best care for your pet, please take your time to fill out the entire form below. Thank you! We cannot service your pet without all information filled out.

CLIENTS INFORMATION

First Name Last Name

Address Zip code

City/State County

Phone Email

Would you like to be apart of our monthly email newsletter & specials? Yes No

YOUR PETS INFORMATION

Pets Name **Please check the correct boxes:**

Age Dog Altered Male

Breed Cat Intact Female

Color

Is your pet currently on any medication? If yes, what? _____

Describe your pet's diet: _____

Any known allergies? _____

Any history of seizures or heart problems? _____

Please check any symptoms or problems that you have noticed about your pet:

- | | | | |
|-----------------------------------|---|---|--|
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Lack of Appetite | <input type="checkbox"/> Sneezing | <input type="checkbox"/> Increased Urination |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Scratching | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Scooting | <input type="checkbox"/> Shaking Head | <input type="checkbox"/> Increased Thirst | |

I hereby authorize Paws For A Cause Vet Care, its veterinarians, and staff to examine, diagnose, prescribe for, and/or treat the pet described above. I acknowledge and accept full financial responsibility for all charges incurred in the care and treatment of my pet. Additionally, by signing this form, I grant Paws For A Cause Vet Care permission to capture and use photographs or videos taken during my pet's visit for educational, promotional, or social media purposes, without compensation. I understand that these images or videos may be used in a professional manner consistent with the clinic's standards. I have read, understood, and agree to the terms outlined above.

PRINTED NAME OF OWNER OR AUTHORIZED AGENT: _____

SIGNATURE OF OWNER OR AUTHORIZED AGENT: _____

DATE: _____

Pet's Name: _____

Last Name: _____

County Owner Resides In: _____

Pet Weight: _____

Exam / No Exam

Pet Temp: _____

Reason for visit?

Puppy Pack #1

DHPP
Bordetella
Deworm

Kitten Pack #1

FVRCP
Deworm

Rabies 1 YR / Rabies 3YR
Tag #:

DHPP 1 YR / 3 YR

Puppy Pack #2

DHPP / DHLPP
Deworm

Kitten Pack #2

FVRCP
Deworm
FeLV Vaccine
FeLV/FIV Test
Result:

DHLPP
DHPP 3 YR LEPTO 1 YR

FVRCP 1 YR / 3 YR

Puppy Pack #3

Rabies 1 YR
Tag #
DHPP / DHLPP
Deworm

Kitten Pack #3

FVRCP
Deworm
FeLV Vaccine
Rabies 1 YR
Tag #:

FeLV Vaccine

Bordetella

Lyme

Lepto

Dog Well Pack

Rabies 1 YR / 3 YR
Tag #:
DHPP 1 YR / 3 YR
Lepto 1 YR
Bordetella
Heartworm Test
Result:

Cat Well Pack

Rabies 1 YR / 3 YR
Tag #:
FVRCP 1 YR / 3 YR

Combo Flu

Heartworm Test & Result:

FeLV/FIV Test & Result:

Deworm - Amt used:

Microchip

(Place Sticker below)

Accuplex 4

Fecal

NOTES & MEDICATIONS:

DOCTOR SIGNATURE: _____

TECH INITIALS: _____