

All Tails Wagging Veterinary Clinic
4750 Hoen Ave Suite A
Santa Rosa, Ca 95405
(707) 525-9445

Pick-up Time _____

Patient Admittal Agreement for Drop-off Appointments / Procedures

Owner's Name _____ Pet's Name _____

Phone number where you can be reached today: AM _____ PM _____

The doctor will examine your pet and call you with an estimate.

Please list the reasons you are dropping your pet off today:

Please mark any changes in the following: (If YES, please explain)

| | | |
|-------------------|-------------|-------|
| Eating/drinking | __NO__ YES: | _____ |
| Activity level | __NO__ YES: | _____ |
| Urination/ stools | __NO__ YES: | _____ |
| Skin/coat | __NO__ YES: | _____ |
| Itching/licking | __NO__ YES: | _____ |
| Vomiting/diarrhea | __NO__ YES: | _____ |
| Cough/sneezing | __NO__ YES: | _____ |

Are there any other procedures you would like performed while your pet is here today?

Nail trim
 Anal gland expression
 Ear cleaning
 Other (please list): _____

Is your pet on prescription medications? __NO__ YES

If YES, please list: _____

What time was the last dose given? _____

What was the last time your pet ate? _____

Has an estimate for the procedure/treatment been discussed with you? __NO__ YES

Please initial one:

Perform exam first, then attempt to contact me at the above phone number. If you are unable to reach me, proceed with the doctor recommendations.

Perform exam first, then attempt to contact me at the above phone number. If you are unable to reach me, do not perform any procedures other than what I have requested.

Perform the procedure(s) as outlined in the estimate.

I give permission to the doctors of All Tails Wagging Veterinary Clinic to perform the requested procedures.

Signature: _____ Date: _____