

PATIENT ADMITTING FORM

Thank you for the opportunity to care for your pet(s).

Your Name _____

Pet's name _____

Home Phone _____ Phone where you can be reached today _____

Is your pet currently on any medication? ___Yes ___No If yes, specify _____

Is your pet currently showing any of the following signs?

___ Vomiting ___ Lethargy ___ Pain ___ Unsteady Gait
___ Diarrhea ___ Lameness ___ Sneezing ___ Weakness

We highly recommend blood work for all animals prior to anesthesia in order to assess their organ function. This will help us to determine the safest anesthesia protocol for your pet. Pre-anesthetic blood work is available for an additional charge. Which blood screen is performed, is usually determined by the age and/or health of your pet and can range between **\$116.60** and **\$154.45**.

Please initial your preference:

_____ YES, I would like to have pre-operative blood work for my pet,
I understand there is an additional fee for this service.

_____ NO, I decline pre-operative blood work for my pet.

Crater Animal Clinic is dedicated to relieving the pain and discomfort in animals. As in people, animals have a broad range of tolerance to painful conditions. We will provide pain management for all patients of whom we judge are in need.

We also offer nail trims for your pet for an additional fee of **\$14.55** for a trim and **\$20.50** for a dremel. Please indicate if you would like this service performed while your pet is with us today. YES _____ (circle your choice) Trim / Dremel NO _____

Payment in full is required at time of discharge. Crater Animal Clinic accepts all forms of payment including cash, check or debit card, all major credit cards, and Care Credit. We will also work with all major pet insurance carriers.

**IF WE HAVE NOT ALREADY PROVIDED A TREATMENT PLAN FOR YOU,
PLEASE DO NOT HESITATE TO ASK FOR ONE.**

I hereby authorize the licensed veterinarians of Crater Animal Clinic to perform medical and/or surgical treatments that are indicated during the course of evaluation.

X _____ **Date** _____

Signature of owner/responsible agent