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*"The technology to treat, the heart to heal"*

## Patient Admitting Form

Your Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Phone #(s) where you can be reached today: 1: \_\_\_\_\_

2: \_\_\_\_\_

Is your pet currently on any medication? (circle one)      YES      NO

If yes, please specify: \_\_\_\_\_

Primary Reason for Hospital Admission: \_\_\_\_\_

Additional Services Requested: 1: \_\_\_\_\_

2: \_\_\_\_\_

We highly recommend blood work for all animals prior to anesthesia in order to assess their organ function. This will help us determine the safest anesthesia protocol for your pet. Pre-Anesthetic blood work is available for an additional charge. The blood screen performed will be determined by the age and/or health of your pet and can range in price between **\$122.50** and **\$162.20**.

**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.

We also offer nail trims for your pet for an additional fee of **\$15.25** for a trim and **\$21.50** for a dremel.

**Please initial your preference:**

\_\_\_\_\_ Trim      \_\_\_\_\_ Dremel      \_\_\_\_\_ NO

**Do you require a treatment plan for the services being done today?** (please initial) YES \_\_\_\_\_ NO \_\_\_\_\_

I am the agent or owner of the above animal and have the authority to execute this consent. I hereby authorize the doctors and staff of Crater Animal Clinic to perform the indicated procedures above. I understand that I am responsible for payment at the time my pet is discharged.

*\*We accept all major credit cards (American Express, Visa, MasterCard), Care Credit, Cash, and Checks\**

\_\_\_\_\_  
Signature of Owner/Authorized Agent

Date \_\_\_\_\_