

Owner's Last Name:	Emergency Contact number(s):
Pet's Name:	
Date admitted:	Date going home:
Exercise per day (circle one): 2 3 4	Feedings per day (circle one): 1 2 3 4 If 1, AM or PM?

Feeding instructions:

Medication (name and strength)	Directions	Date/Time last given	Comments

I have my own (circle): Food Medication Other: _____

We request that any personal belongings such as toys and bedding be left at home for sanitary reasons. GAVH is not responsible for such items left in the facility.

If a tranquilizer is necessary for treatment or handling, I give permission to administer such medication in a conservative manner. All animals entering the hospital must be up to date on vaccinations and free from external parasites (fleas, ticks, etc.) or they will be treated upon entry. Cost of a bath and/or appropriate medication is standard fee. **I also authorize GAVH to do whatever is necessary should an emergency situation arise.**

Client's Signature: _____ **Date:** _____

For Office Use Only

Fleas/ticks? Yes No Vaccines up to date? Yes No
 Does pet need breakfast? _____ Update vaccs here? Yes No
 Does pet need dinner? _____ **Weight:** _____
Dog or Cat? **Bath on exit?** Yes No

Additional Notations:

DOGS		CATS	
Required	Recommended	**Required**	Recommended
Rabies _____	Lepto _____	Rabies _____	Fecal _____
DHPP _____	Lyme _____	FDVRC _____	Leuk _____
Bord _____	Snap4dx _____	FVHWTE _____	
CIV _____			

Please attach an Authorization Form for any veterinary procedures, bloodwork or surgery.

First staff contact: _____ **Final staff contact:** _____