

**DROP-OFF ADMIT AND/OR MEDICAL BOARDING**

Date of Admit: \_\_\_\_\_ PVSES DVM: \_\_\_\_\_

Pet's name: \_\_\_\_\_ Client's name: \_\_\_\_\_

Reason for Admit: \_\_\_\_\_

Ultrasound; Abdominal /Cardiac /Bi-cavity     Anesthetic Procedure \_\_\_\_\_

**How do you think your pet is doing?** *(Use back of form if necessary)*

**Are there other concerns you would like the doctor to address?** *(Use back of form if necessary)*

**Special Instructions** *(Please be **Specific**; Use back of form if necessary)*

Last feeding: \_\_\_\_\_ am/pm *(circle one)*    Next feeding due \_\_\_\_\_ am/pm *(circle one)*

Normal diet: \_\_\_\_\_

**Medications:**

*\*Please provide any medications that may be needed.*

Medication and mg	Dose	Frequency	Time and date last given	Refill needed?
<i>Example (Lasix 50mg)</i>	<i>(1 tablet)</i>	<i>(Twice a day)</i>	<i>(8am today)</i>	<i>(yes)</i>

**Personal Items left with your pet:** *Please label items. We can not guarantee return of items at the time of dismissal.*

**Contact Information:**

*Who can we reach with questions or in case of emergency?*

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

Primary Number: \_\_\_\_\_

*Who shall we call when your pet is ready?*

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

Primary Number: \_\_\_\_\_

**Pickup Request time/Availability:** \_\_\_\_\_