



ANIMAL CARE HOSPITAL, 8565 Hwy 64, Somerville, TN 38068, (901) 466-9224

Admissions Form

The information requested tells us the things you want us to do for your pet while in our care. It is the only way we can be certain that we understand what you want. Therefore, it is very important for you to be as specific as possible. If we need additional information, we need to be able to reach you at the number you give us today. **Thank you.**

Owner's Name: _____ Pet's Name: _____ Age: _____

Reason for Visit? _____ Where were Vaccinations Done? _____

Is your pet micro-chipped? _____ If not would you like to microchip your pet today? _____

Is your pet sick? Yes No Spayed/Neuter? Yes No Currently on Heartworm Preventative? Yes No Type _____

History-Please Fill Out Completely

If your pet is not well, please check the signs you have noticed:

Explanation (i.e. How Long, Description, etc.)

Change in Appetite or Water Intake

Vomiting, Diarrhea, Bad Breath

Listless or Weak

Coughing, Sneezing, or Gagging

Change in Urination or Defecation

Scratching, Chewing, Shaking Head, Scooting

Limping – Which Leg? _____

Unusual Lumps or Bumps

Weight Loss or Gain

Unusual Discharge – From Where? _____

Behavioral Changes

Anything Else We Need To Know? _____

May we sedate your pet if necessary? (Check One) Yes No Call First

After examination, may we proceed with tests and/or treatments? (Check One) Yes No Call First

Animal Care Hospital will use all precaution against injury, escape, or death of my pet. I understand that anesthesia and surgery always involve some risk to my pet and agree to hold you harmless, in the absence of negligence, in connection with these procedures. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained. I am the owner or responsible agent of the above named animal and hereby authorize the performance of the procedures as marked above. I understand that any quotes or estimates given for services to be performed are **ONLY ESTIMATES**, and I take full responsibility for payment of charges. Payment is due when services are rendered. It is also understood that if I do not pay this account as agreed that past due accounts are subject to costs of collection.

Date: _____ Owner/Agent Signature: _____

Phone Number where you can be reached **Today:** _____/_____/_____

❖ I understand that evidence of fleas/ticks will be treated if present and agree to pay for the extra charge incurred.

Owner's Initials: _____

❖ I do not hold Animal Care Hospital responsible in any way for any illness contracted if my pet has only been vaccinated in the last 72 hours.

Owner's Initials: _____

❖ If you have any questions concerning fees, please check with the receptionist **PRIOR** to services being performed.