

**ADMITTING FORM FOR DROP-OFFS**

Date: \_\_\_\_\_

**Prytania VETERINARY HOSPITAL**  
4907 Prytania St. New Orleans, LA 70115

Pet Name: \_\_\_\_\_ Owner's first & last name \_\_\_\_\_

**Office Use**

Are pet's vaccinations current?  YES  NO Date of last vaccinations \_\_\_\_\_ Date of last blood work \_\_\_\_\_

Reminders due: \_\_\_\_\_ Owner notified:  YES  NO

**Medical History**

For cats:  indoor  outdoor  both

Did your pet eat this morning?  YES  NO

Which doctor would you like your pet to see?  Dr.Ghere  Dr.Nathan  Dr.Biondolillo  Dr.Armani  Any

Reason for visit: \_\_\_\_\_

Is your pet **ON** a **monthly heartworm** preventative?  NO  YES What brand? \_\_\_\_\_

Does your pet **NEED** a dose while boarding?  NO  YES Purchase? \_\_\_\_\_ Quantity? \_\_\_\_\_ Date? \_\_\_\_\_

Is your pet **ON** a **monthly flea** preventative?  NO  YES What brand? \_\_\_\_\_

Does your pet **NEED** a dose while boarding?  NO  YES Purchase? \_\_\_\_\_ Quantity? \_\_\_\_\_ Date? \_\_\_\_\_

Is your pet on any other medications/ treatments?  YES (fill out chart below)  NO

Med\*/ Tx\* \_\_\_\_\_ Had today **Y/N** Need while here **Y\*/N** # of times \_\_\_\_\_ Own meds **Y/N\***

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**Sedation Consent**

In the event that your pet is unable to be examined by a veterinarian for reasons such as unease or discomfort, it may be best to administer a mild sedative so that we can better assess their physical condition.\*

If this is the case:  You have my permission to sedate my pet.

Call first to discuss the situation.

Do NOT sedate my pet.

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above, that I do hereby give Prytania Veterinary Hospital, its agents, servants, and/or representatives full and complete authority to use appropriate sedatives and perform the procedure(s) described as: \_\_\_\_\_

I understand that sedation always involves 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. In the event complications arise and I cannot be immediately contacted at the below listed phone number, you are directed to make the decision you deem best for my pet.

**Please check any of the additional procedures or services that you would like us to perform while your pet is here with us today:\***

Annual exam and shots\*

Get a HomeAgain Microchip™ \*

Trim nails\*

Senior wellness exam\*

Flush and clean ears\*

Pluck ear hairs (dogs only)\*

Blood work as previously discussed with the Doctor\*

Clip mats\*

Express anal glands\*

**I have read the foregoing, understand what it says, and agree.**

**Signature** of owner/ agent \_\_\_\_\_ Date: \_\_\_\_\_ Phone # \_\_\_\_\_

In order to preserve a flea-free environment, your pet will be checked for fleas before being brought to the kennel. If fleas are seen we will administer a Capstar® (\$5.45) to kill the fleas.

**\*Service may require an additional charge. Please ask for prices.**