



**Kelsey Canine Medical Center  
Admittance Form (Physical)**

Alternate contact number: \_\_\_\_\_

Preferred Pick Up Time: \_\_\_\_\_

To ensure we have the most up to date information about your dog, please answer the following questions about his/her health and lifestyle:

**LIFESTYLE**

What diet do you feed your dog? \_\_\_\_\_ How much? \_\_\_\_\_

Which heartworm preventative do you use? \_\_\_\_\_ Refill? Y or N 6mo / 12mo

Has your dog missed any doses of heartworm prevention? Y or N (circle one)

Which flea/tick preventative do you use? \_\_\_\_\_ Refill? Y or N 3mo / 6mo / 12mo

Do you need refills of any other medications? Y or N List: \_\_\_\_\_

Does your dog come in contact with lakes, streams or rivers, including at the dog park? Y or N

Does your dog regularly go to a groomer, doggie day care, or boarding facility? Y or N

**HEALTH**

Does your dog have a history of vaccine reactions? Y or N

Have you noticed any of the following regarding your dog? (please circle all that apply)

- |             |                |             |                  |
|-------------|----------------|-------------|------------------|
| Bad breath  | Tartar buildup | Loose teeth | Discolored teeth |
| Weight loss | ↑ Appetite     | ↓ Appetite  | ↑ Thirst         |
| ↑ Urination | ↓ Hearing      | ↓ Vision    | Behavior changes |
| Lumps/Bumps | Stiffness      | Lameness    | Other: _____     |

If you circled any of the above, please tell us more about your dog's symptoms below:

\_\_\_\_\_  
\_\_\_\_\_

If additional treatment is necessary, should we treat your dog immediately after the vet has done an examination or call you with an estimate of cost before proceeding with any additional treatment? (circle one) **Please Treat or Please Call First**

By signing below, I consent to pay the fees for today's medical services in full upon picking up my dog. I authorize the veterinarian at Kelsey Canine Medical Center, LLC to examine my dog and provide treatment as described above. I am aware that the clinic hours are from 7:00am-5:30pm M-F and from 7:00am-12:00pm on open Saturdays, and agree to pick up my dog before close of business.

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