



Kelsey Canine Medical Center Admittance Form

Alternate contact number: _____

Preferred Pick Up Time: _____

Which of the following symptoms is your dog experiencing? (please circle all that apply)

- | | | | |
|----------------------|---------------|-------------------------------|-------------|
| Vomiting | Diarrhea | Lethargy | Lameness |
| ↑ Thirst | ↑ Urination | ↓ Appetite | ↑ Appetite |
| Blood in urine | Eye discharge | Squinting | Rubbing eye |
| Itchy Skin | Rash | Shaking head | Itchy ears |
| Difficulty Breathing | Constipation | Other (please specify): _____ | |

Please tell us more about your dog's symptoms (e.g. when symptoms started, specific details about symptoms, which leg(s) is/are affected by lameness, which eye/ear(s) is/are affected, etc.):

When was your dog's last meal? _____ What did he/she eat? _____

Has your dog taken any medication today? Y or N

If yes, please list medication(s) and time(s) given: _____

Do you need heartworm prevention (e.g. Tri Heart +, Trifexis)? Y or N 6mo / 12mo

Do you need flea/tick prevention (e.g. NexGard, Bravecto, Vectra 3D)? Y or N 3mo (Bravecto) / 6mo

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

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:** _____