

Katy Area Veterinary Medical Group

Day Admission Form

Hospital Hours & Policies are subject to change without notice. Katy Area Veterinary Medical Group is closed the following holidays: New Years Day, Memorial Day, The 4th of July, Labor Day, Thanksgiving Day & Christmas Day. The weekends surrounding major holidays are subject to special hours or closure. **Normal Operating Hours: Monday - Friday 7:00am-6:00pm; Saturday 8:00am-12:00pm.**

Drop-off Date

Account # (May be filled in by office staff)

Name of Pet

Preferred Doctor

Reason for Drop-off Today or Grooming Notes:

Common Drop-off Reasons/Authorized Treatments:

- Up-Date Vaccines Bath +/- Medicated
 Sick or Injured Grooming

Pre-Authorized Diagnostics for Sick or injured Patients:

- Blood Chemistries Urinalysis
 Diagnostic Imaging
 Medications

Other areas of concern

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Eye - Left | <input type="checkbox"/> Loose Stools | <input type="checkbox"/> Increased Water in-take | <input type="checkbox"/> Limping/Lame - Left Front |
| <input type="checkbox"/> Eye - Right | <input type="checkbox"/> Bloody Stools | <input type="checkbox"/> Decreased Water in-take | <input type="checkbox"/> Limping/Lame - Right Front |
| <input type="checkbox"/> Ear - Left | <input type="checkbox"/> Vomiting Bile or Foam | <input type="checkbox"/> Urinary - Blood in Urine | <input type="checkbox"/> Limping/Lame - Left Rear |
| <input type="checkbox"/> Ear - Right | <input type="checkbox"/> Vomiting Food | <input type="checkbox"/> Urinary - Straining to Urinate | <input type="checkbox"/> Limping/Lame - Right Rear |
| <input type="checkbox"/> Mouth/Teeth | <input type="checkbox"/> Vomiting Foreign Objects | <input type="checkbox"/> Urinary - Not Urinating | <input type="checkbox"/> Trouble Standing |
| <input type="checkbox"/> Eating Less For how long? <input type="text"/> | <input type="checkbox"/> Coughing/Trouble Breathing | <input type="checkbox"/> Urinary - Inappropriate Urination | <input type="checkbox"/> Trouble Walking |
| <input type="checkbox"/> Not Eating <input type="text"/> | <input type="checkbox"/> Sneezing/Nasal Discharge | <input type="checkbox"/> Urinary - Incontinence | <input type="checkbox"/> Not able to Stand/Walk |
| <input type="checkbox"/> Skin - Infection, Scabs or Redness | Location(s): <input type="text"/> | | |
| <input type="checkbox"/> Check Lump(s) | | | |

Other notes for the Doctor

Primary Contact Secondary Contact

Phone 1 Text Carrier Phone 1 Text Carrier

Phone 2 Text Carrier Phone 2 Text Carrier

E-Mail E-Mail

I authorize Katy Area Veterinary Medical Group to perform the above treatments to my pet or assess my pet for the above medical conditions. I understand that in addition to the examination fee, there will be additional fees associated with additional diagnostics and treatment modalities. I understand that some problems such as but not limited to eyes, ears and lumps will require additional diagnostics for the Doctor to give an opinion, diagnosis or treatment recommendation, and I authorize those diagnostics to be performed. I hereby assume all financial responsibility for services rendered. I also understand that payment is due upon services rendered.

Printed Name: Relation: Date:

Signature