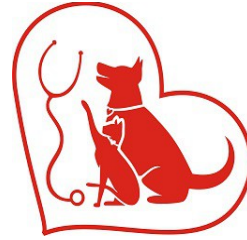


White Knoll Veterinary Hospital
Hospital Admission



Name: _____ Pet's Name: _____

Contact #: _____ Additional Contact #: _____

Reason for today's visit: _____

Is your pet currently taking any medications? If so, please list medication and current dosage: _____

Please Initial:

_____ I understand that if fleas are seen on my pet at admission, a Capstar tablet will be administered at my cost. (\$6.50 <25 pounds, \$6.90 >25 pounds)

_____ I understand that if the Veterinarian deems my pet to be exhibiting signs of anxiety (excessive vocalizing, drooling, panting, intense pacing, frantic scratching, etc), an anti-anxiety medication will be administered at my cost. (trazadone/gabapentin)

PLEASE INITIAL ONE:

_____ Please call if my pet's treatment plan is over \$_____.

_____ I give permission to White Knoll Veterinary Hospital to do any necessary procedures beyond what I have signed for at drop off, NO NEED TO CALL PRIOR TO COMPLETING.

_____ PLEASE CALL before doing any further treatment beyond what I have signed for at drop off.

Signature: _____ Date: _____

Thank you for trusting us with your pet's care!