MAH Carlsbad *Fast Paws* Admissions Form

First Name:_____ Last Name:_____ Date: _____

Telephone number where you may be reached today:

_____

Alternate contact person and telephone phone number:

_____

Preferred pick up date & time? _____
(Efforts are made to accommodate your needs – please call our office two hours after your drop off time to check on your pet's status if a staff member has not contacted you: 760-729-3330.)

Pet's Name:_____ Species:_____ Breed:_____ Sex:_____ Color:_____ Age: ____

History / Current medications: _____

Have medications been given today? Y / N If yes, list:_____

Any allergies to any vaccinations or medications? If yes, describe: _____

_____

Current Diet:_____ How Much:_____ How Often:_____

Did your pet eat this morning? Y / N Regular diet or other:_____

Appetite: (circle one) Normal / Increased / Decreased / Other: _____

Does your pet get table foods? Y / N Food Allergies? On any nutritional or homeopathic supplements? Y /N
If yes, please list: _____

Is your pet current on vaccines that have been administered at a different location or clinic? Y / N If yes, where

_____

If no, would you like us to update your pet's vaccine status? Y/ N

Is your pet on monthly heartworm prevention? Y / N Product: _____

Is your pet on monthly flea/tick prevention? Y / N Product: _____

Please check ANY symptoms or problems you have noticed about your pet:

- ☐ Behavior Changes
- ☐ Bleeding gums
- ☐ Breathing problems
- ☐ Coughing
- ☐ Scooting
- ☐ Scratching
- ☐ Discharges, explain_____
- ☐ Gagging
- ☐ Limping, which leg_____
- ☐ Loss of Balance
- ☐ Vomiting
- ☐ Weakness
- ☐ Head shaking
- ☐ Sneezing
- ☐ Urination problem _____
- ☐ Depression
- ☐ Diarrhea

I would like the following services performed during your pet's visit today:

- ☐ Nail trim
- ☐ Anal gland expression
- ☐ Ear wipe
- ☐ Bath
- ☐ Playtime Package
- ☐ Heartworm Test

AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT: As the owner or responsible party for the above patient, I authorize Mohnacky Animal Hospitals, Inc. to examine my pet and administer treatment, including medical procedures, administration of anesthesia, surgical procedures and diagnostic tests that in their judgment are consider reasonable and necessary. I understand that with any medical or surgical procedures there are always risks involved, including death, and that no warranty or guarantee is being made as to the results or cure. I assume full financial responsibility for all charges incurred and will pay in full for these services upon release of the patient. I have read and understand the above authorization for care and financial responsibility.

I understand that some pets require sedation/general anesthesia for adequate physical examination, treatment, or surgery. By signing below, I understand that there is risk involved when an animal is sedated.

_____

Name Date

_____

Employee Date

11/2017