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## Out-Patient Admission Form

Pets Name: \_\_\_\_\_ Breed/Species: \_\_\_\_\_

Pet Owner's Name \_\_\_\_\_

Phone Number **where you can be reached:** \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

What is the main complaint or complaints? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When was your pet last behaving normally? \_\_\_\_\_

If this problem has occurred previously, how often? \_\_\_\_\_

Please describe abnormal behavior, if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list your pets current medications: \_\_\_\_\_

Did your pet have medications this morning?  Yes  no Did your pet eat this morning?  Yes  no

Has your pet been spayed/neutered?  Yes  no Are your pets vaccinations current?  Yes  no

\*If not, would you like us to vaccinate?  Yes  no Is your pet currently on heartworm preventative?  Yes  no

\*If not, would you like us to perform a heartworm test at this time?  Yes  no

When will you or the owner be calling back to check in the pet? \_\_\_\_\_

Do we have permission to take radiographs (x-rays) or perform blood analysis if necessary? \_\_\_\_\_

Do we have permission to tranquilize if needed for examination or radiographs? \_\_\_\_\_

**Written estimate provided upon request. Fees are due at the time services are rendered.**

Owner Release: The Doctors and staff of PetDocks Veterinary Hospital are to use all reasonable precaution against injury, escape, or death of my pet. The clinic and staff will NOT be held liable for any problems that develop provided reasonable care and precautions are followed. In understand that ANY problem that develops with my pet while I'm absent will be treated as deemed best by the staff veterinarians and I ASSUME FULL RESPONSIBILITY for the treatment expense involved. If I neglect to pick up my pet within 5 days of the date below and do not notify you within that time frame you may assume that the pet is abandoned and are hereby authorized to dispose of the pet as you deem best and / or necessary.

I understand that I am responsible to pay for services rendered, including attorney's fees and collection costs in the event non-payment or default. A 5% monthly service charge will be added to thirty (30) day past due accounts.

\_\_\_\_\_  
 Signature of Owner or Agent for the Pet

Date: \_\_\_\_\_