



Paula Sommerville, DVM
Carol Hoaglund, DVM
Jennifer Weick, DVM

5710 Ruddell Road SE, Suite 2

Lacey, WA 98503

(360) 455-8090 (phone)

(360) 456-6296 (fax)

info@cvhps.com

www.cvhps.com

Medical Admittance Form

Owner's Name _____

Street Address _____ City _____ State _____ Zip _____

Admitted Pet's Name _____

My concerns about my pet include (please check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Ears (left, right or both) | <input type="checkbox"/> May have eaten toxin (such as _____) | <input type="checkbox"/> Lethargic (lack of energy) |
| <input type="checkbox"/> Eyes (left, right or both) | <input type="checkbox"/> Seizure | <input type="checkbox"/> Limping (which leg _____) |
| <input type="checkbox"/> Hair loss (location _____) | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Pain (location _____) |
| <input type="checkbox"/> Itchy skin (location _____) | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Wound (location _____) |
| <input type="checkbox"/> Eating less than normal | <input type="checkbox"/> Straining to defecate | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Drinking more than normal | <input type="checkbox"/> Straining to urinate | _____ |
| <input type="checkbox"/> May have eaten foreign body (such as _____) | <input type="checkbox"/> Urinating more frequently | _____ |

Date and time problem was first noted: _____

The problem is: Getting worse Getting better About the same Recurring

My pet is on the following medications: _____

Please provide information you feel may be pertinent to your pet's condition (continue on the back of the paper if necessary):

Your pet will be examined by the first available doctor. The doctor will contact you by phone to discuss her recommendations. The exam is \$84.95 **with an additional \$30.00 same day fee or an additional \$130 emergency fee.** An estimate for diagnostic or treatment options will be presented to you once a doctor has done their exam. ***It is extremely important that the doctor be able to reach you or someone else able to make decisions for your pet by phone. Please indicate the maximum dollar amount you are willing to spend. You may need to leave a deposit.***

Please leave as many alternative contacts as possible (work, cell phone and pager numbers).

Phone number(s): _____

Amount willing to spend \$: _____

Companion Veterinary Hospital is dedicated to providing a Flea Free Environment. **If fleas are found on your pet we will administer parasite control. The charge for this treatment ranges from \$28-\$78, depending on your pet's weight.** Please inform us if you have used any flea preventatives within the last month.

Signature of Pet Owner/Agent

Date
