

TIME DROPPED OFF: _____
DATE _____

MARTINEZ ANIMAL HOSPITAL
PATIENT ADMITTING FORM - RECHECK

CLIENT NAME: _____ **PET NAME:** _____

1. WHAT IS YOUR RECHECK WITH YOUR PET?

2. HOW LONG HAS THIS PROBLEM BEEN GOING ON?

3. ARE THERE ANY OTHER PROBLEMS?

4. IS YOUR PET RESPONDING TO TREATMENT? YES _____ NO _____

5. IS YOUR PET EATING? YES _____ NO _____ DRINKING? YES _____ NO _____

6. IS YOUR PET CURRENTLY TAKING ANY MEDICATION? YES ___ NO ___

IF YES, WHAT AND DOSAGE _____

IF YES, IS THE MEDICATION GOING WELL? _____

7. DO YOU AUTHORIZE TREATMENT AS DEEMED NECESSARY BY THE DR.

YES _____

NO _____

8. I AUTHORIZE MARTINEZ ANIMAL HOSPITAL TO SPEND UP TO \$ _____.
EXPENDITURES OVER THAT AMOUNT REQUIRE MY APPROVAL.

9. PHONE NUMBER WHERE YOU CAN BE REACHED: _____

Would you like to receive text messages about your pet's stay? Yes _____ No _____

If you checked yes, who is your cell carrier? _____ ALTERNATE #: _____

PLEASE NOTE: IF YOUR PET IS FOUND TO HAVE FLEAS, WE WILL APPLY FLEA TREATMENT AT YOUR EXPENSE.

6/2011

WE NEED TO BE ABLE TO CONTACT YOU TO DISCUSS YOUR PETS TREATMENT PLAN. PLEASE BE AVAILABLE BY PHONE. ***OUR FIRST CONCERN IS FOR YOUR PET.***

SIGNATURE _____ DATE _____