



Southern Crossing Patient Admission Form

Date: _____

Owner's Name: _____

Patient's Name: _____

Phone Number: _____

What time will you be picking up? _____ {Pick up must be by 5:00pm. A \$35 late fee will be applied if picked up later than 5:15pm.}

Medical Problem:

Please describe in detail any problems present :

Duration of problem: _____

How is your pet's appetite recently? _____

Has your pet been drinking or urinating more? _____

Do you authorize reasonable workup (Lab work, x-rays, etc)? YES [] NO []

Do you authorize sedation if needed? YES [] NO []

-Annual Exam-

Authorization:

Canine Annual vaccinations *if needed {Vaccines, Heartworm/fecal test, physical exam}?

YES [] NO []

Feline Annual vaccinations *if needed {Vaccines, Fecal test, physical exam}?

YES [] NO []

Feline Annual leukemia/FIV test *if needed?

YES [] NO []

Annual wellness blood work {CBC, Chemistry profile, total T4, Urinalysis}?

YES [] NO []

[Blood work is additional charge: Dogs: \$124 Cats: \$125]

Would you like your pet to microchipped with a HomeAgain Microchip?

YES [] NO []

Do you need to pick up heartworm or flea preventions? _____

Do you need to pick up any medications/food today? _____

-Bath Services-

Are you dropping your pet off for a bath/nail trim: YES [] NO []

-Admission Policy-

All animals admitted to the hospital must be current on all required vaccinations and free of external parasites, i.e. fleas and ticks. I hereby give permission to the staff of SCAH to update my pet's vaccinations if necessary and to treat any external parasitism noted. I understand that I will be financially responsible for these services. SCAH is not staffed after hours. If your pet requires overnight care, you will be referred to Animal Emergency Center.

I understand that all fees are due at the time that services are rendered. In the event of default or failure to pay, I the undersigned, agree to pay all attorney fees and the collection cost of said debt.

Owner/Agent Signature: _____