

**Animal Medical Clinic of Gulf Gate  
Drop-Off Admission Form**

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

Phone # (s) where I can be reached **TODAY:** \_\_\_\_\_

What symptoms is your pet having? Please check all that apply.

- Lethargy       Vomiting       Diarrhea       Limping – Which Leg \_\_\_\_\_
- Loss of Appetite       Coughing/Sneezing       Frequent Urination       Increased Thirst

Other: \_\_\_\_\_  
\_\_\_\_\_

When did these symptoms start? \_\_\_\_\_

Has your pet had anything to eat today? \_\_\_\_\_ When? \_\_\_\_\_

Has your pet had any medications today? \_\_\_\_\_ When? \_\_\_\_\_

If your pet is a cat, are they indoor only or indoor/outdoor? \_\_\_\_\_

Diagnostic testing is done only after a complete physical examination by a doctor. The results of these diagnostic tests may be necessary to identify and appropriately treat your pet.

**Please Initial One of The Following:**

\_\_\_\_\_ I give permission to Animal Medical Clinic of Gulf Gate to perform any and all necessary medical treatments for the above pet. **This is for diagnostic procedures and medications (not surgery).**

\_\_\_\_\_ I request that I be contacted prior to Animal Medical Clinic of Gulf Gate doing any diagnostic procedures, except for any life-saving procedures deemed necessary by the Veterinarian on duty.

\_\_\_\_\_ I request to be contacted before treatments are performed in excess of \$ \_\_\_\_\_

Most pets will be available for pick-up after 4:30pm unless you are otherwise notified. If you need to pick up your pet by a certain time, please let us know.

I agree to pay for any and all services incurred while my pet is hospitalized at Animal Medical Clinic of Gulf Gate. I understand that payment is due at the time services are rendered.

Signature of Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_