



East Padden Animal Hospital

8611 NE Ward Rd. # 115 Vancouver, WA 98682
(360) 892-1500

Drop off/Admit Form

Owner's Name: _____ Pet's Name _____

I, the undersigned, certify that I am the owner/agent of the animal described above. I give East Padden Animal Hospital permission to perform a thorough physical examination and treatments as discussed.

Briefly describe the problem: _____

Length/duration of problem: _____

Appetite: Normal _____ Decreased _____ Increased _____

Water Intake: Normal _____ Decreased _____ Increased _____

Activity Level: Normal _____ Decreased _____ Increased _____

Bowel Movements: Normal _____ Abnormal (please describe) _____

Urination: Normal _____ Abnormal (please describe) _____

Vomiting? _____ If yes, how often _____ Describe _____

Current Diet _____ Amount & Feeding Frequency _____

Is your pet currently on any medications? _____

It is important that we have a phone number where you can be reached for further consultation upon completion of your pet's physical exam. **Phone number:** _____

If you can't be reached, do you want the veterinarian to proceed at his/her own discretion? Y N

I hereby authorize East Padden Animal Hospital to perform such diagnostic, therapeutic and surgical procedures as will be discussed with me. Capstar will be given if there is any evidence of fleas. I also authorize the hospital staff, in an emergency situation, to follow through with such procedures as are necessary for the well being of my pet on a continuing basis until further communication with me. I understand that I will be given an estimate and understand that it is an approximation of planned procedures and the final bill may be more or less than this amount. I understand that I assume financial responsibility for all services rendered.



Owner Signature: _____ Date: _____

Staff Initials: _____