



ROUTINE DROP OFF ADMISSION

(440) 946-2800
Fax: (440) 946-9853
www.animalhospitalinc.com

Date
Owner Name
Pet Name

Phone numbers where you can be reached throughout the day, and times at each number:

Why is your pet being presented today?

Please Check Requested Vaccines:

- Booster/In series vaccine
Lyme Vaccine
Anal Gland Expression
Feline Leukemia
Rabies Vaccine
Toe Nail Trim
Bordetella Vaccine
Lepto Vaccine
Lyme Vaccine
Eating How often
Type of food
Fecal (required if not in 1 year)
Drinking How often
Type of water
Heart Worm Test
Urinating How often
Straining
Heart Worm Prevention
Bowel Movements
Other

Do we have permission to treat?

- Permission to treat but please call first with an estimate
Permission to treat, no authorization required
Treatment not authorized

May we treat your pet if needed?
Has your pet eaten today?
Was your pet treated at an Emergency Clinic?
Did you speak with a doctor on call last night?

Does your pet have a history of chronic or recurrent disease? Or Surgeries?

If yes, please explain

Does your pet have a history of allergies or reactions to medications or vaccines?

If yes, please explain

Any other information we should be aware of

Owner Signature

AHI Employee

Healthy Pets are Happy Pets!