

Medical Problem Admittance Sheet

Pet's Full Name: _____

What problem/s is your pet experiencing?

When did these Problem/s begin?

Has your pet had any similar issues to these in the past? If so when?

What is the best telephone number to reach you on today? _____

(If we are not able to contact you on your preferred telephone number, we will continue with the best plan our DVM's feel necessary. If you are not comfortable with this, we ask that you make an appointment so that you will be present for all decisions.)

Typical diagnostics are as follow:

Medical Concern Exam: **\$63.00**

Urinalysis in House: **\$61.50**

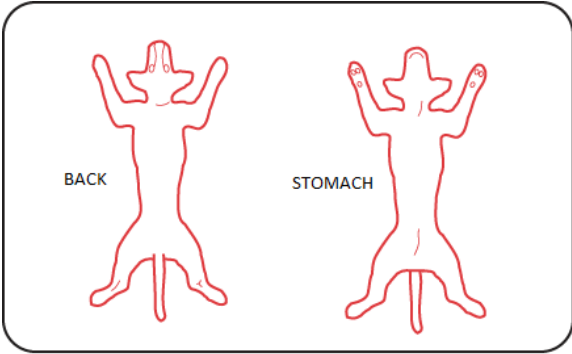
Intestinal Parasite Exam: **\$26.00**

Super Chemistry and CBC: **\$200.00**

Radiographs 2 views: **\$200.00**

Subcutaneous Fluids: **\$20.50 - \$42.50**

If there any lumps, bumps, or masses that we need to check out today please indicate on the diagram to the right.



*****By signing this form I understand that if I am not reached by telephone, I am giving permission for Good Hands Veterinary Hospital to treat my pet as deemed necessary. *****

Date: _____

Signature: _____