



**River Heights Veterinary Hospital**  
 5580 Route 34 West  
 Oswego, IL 60543  
 630-554-3400  
 www.riverheightsvet.com-

**WELL PET ADMISSION FORM**

We highly recommend in-person exams with the veterinarian. However, we understand that due to busy schedules, sometimes that is difficult to do. With this in mind, we offer this convenient drop-off service. Please take a few moments to clearly define what problems you would like us to address while your pet is here. It is critical for us to know as much of the history of the problems as you can recall.

**Please answer all of the following questions.** It is also very important that you let us know how you can be reached during the day. The doctor will examine your pet as soon as time allows and will call you immediately thereafter.

**Date:** \_\_\_\_\_ **Account#** \_\_\_\_\_

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

**Contact Person:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

**Note: It is very important that we are able to reach you in a timely manner at the number listed above (NOT voice mail) to discuss the exam findings and treatment recommendations to allow us to proceed with your pet's needed care.**

**When would you be able to pick up your pet (if ready)?** \_\_\_\_\_

**Why are you bringing your pet in today?** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**What else would you like to have done for your pet while it is here?** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**What do you feed your pet?** \_\_\_\_\_

**List any medications (type/dose) that your pet is currently on (including over the counter medications or supplements):** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**Has your pet ever had any reactions to medications?** Y N \_\_\_\_\_

**Has your pet ever had any reactions to vaccinations?** Y N \_\_\_\_\_

**Is your pet on Heartworm/Parasite preventative?** Yes No Type \_\_\_\_\_

Do you need a refill? Y N

Months of prevention requested (please circle): 6 12

Is your pet on Flea/Tick preventative?    Yes    No    Type \_\_\_\_\_  
 Do you need a refill?    Y    N  
 Months of prevention requested (please circle):    3    6    12

**EXAM/VACCINATION HISTORY:**

**DOG**

	<u>Is Current:</u>	<u>Update:</u>
Distemper combo (DHPP)	<input type="checkbox"/>	<input type="checkbox"/>
Leptospirosis	<input type="checkbox"/>	<input type="checkbox"/>
Rabies (3 year)	<input type="checkbox"/>	<input type="checkbox"/>
Rabies (1 year)	<input type="checkbox"/>	<input type="checkbox"/>
Bordetella	<input type="checkbox"/>	<input type="checkbox"/>
Heartworm test	<input type="checkbox"/>	<input type="checkbox"/>
Fecal test	<input type="checkbox"/>	<input type="checkbox"/>
Lyme vaccine	<input type="checkbox"/>	<input type="checkbox"/>
Canine influenza	<input type="checkbox"/>	<input type="checkbox"/>

**CAT**

	<u>Is Current:</u>	<u>Update:</u>
Distemper combo (FVRCP)	<input type="checkbox"/>	<input type="checkbox"/>
Rabies	<input type="checkbox"/>	<input type="checkbox"/>
Fecal exam	<input type="checkbox"/>	<input type="checkbox"/>
FeLV/FIV test	<input type="checkbox"/>	<input type="checkbox"/>
Feline leukemia vaccine	<input type="checkbox"/>	<input type="checkbox"/>

If your pet is 7+ years old, we recommend performing routine laboratory testing at this exam. Please check the appropriate box if you authorize this recommended testing (the test results will be available the next business day).

- Senior baseline (\$143.68) (full chem panel/CBC/urinalysis/thyroid screening test)  
(this is the recommended test for senior pets yearly)
- Heartworm wellness (\$83.75) (mini chem panel/CBC/heartworm test)

Do you have any concerns about your pet or are you noticing any problems?    Yes    No  
 If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Flea treatment policy:**

All animals found to have any evidence of fleas will be treated while here with an appropriate flea product

\*\*\*\* For all patients dropped off, you will be charged an exam fee of \$42.50 in addition to a day hospitalization charge of \$13.20. If there are any medical problems found, we may recommend further testing to diagnose the problem. (Common examples of this are ear infections need ear cytology, lame patients need xrays, etc.)

Please indicate below the expense range you authorize for the diagnosis and treatment of your pet without calling first.

**Note that this is what you are authorizing if needed in addition to the exam/vaccines/heartworm preventative/day hospitalization and above authorized bloodwork charges.**

- \$0 – 100             \$100 – 200             \$200-300             up to \$\_\_\_\_\_
- I wish to be called prior to any further services with an estimate.

\_\_\_\_\_  
 Signature of Owner or Authorized Agent

\_\_\_\_\_  
 Staff initials checking pet in