



Evergreen

AVIAN & EXOTIC
animal hospital

Drop Off Admission Form

Client Name

Pet's Name

Best phone number to contact you on today

Briefly describe the reason for the visit include any symptoms your pet is showing.

Approximately what date did this start on

Is your pet drinking?	Yes	Eating?	Yes	Pooping?	Yes
	No		No		No

List below all medications or nutritional supplements your pet is taking

Name	Dose	Last given
Name	Dose	Last given
Name	Dose	Last given
Name	Dose	Last given

Please select one of the following:

Please examine my pet and call me prior to any treatment with a cost estimate.

Please examine my pet and continue with any necessary treatment and diagnostics. i.e. x-ray.

I have already discussed the treatment plan's cost range with the doctor.

I understand that I need to plan on picking up my pet after 5:30pm (or at the scheduled time) and if the pickup time is any different I will be called.

I have read and understand the pick up times.

Owner Signature

Date

Please email completed form to info@evergreenae.com prior to appointment