



## ADMISSION FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Secondary Owner: \_\_\_\_\_

One of the adult individuals listed above MUST be present when pet is admitted and released unless prior arrangements have been made.

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County of residence: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Number we can reach you at **ON THE DAY OF SURGERY** at **ALL** times? \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you first learn of Pets In Stitches?

- |  |                                   |  |
|--|-----------------------------------|--|
| <input type="checkbox"/> Commercial  | <input type="checkbox"/> Location | <input type="checkbox"/> Internet Search |
| <input type="checkbox"/> Flyer/brochure                                      | <input type="checkbox"/> Facebook | <input type="checkbox"/> Website         |
| <input type="checkbox"/> Friend or family (please put their name): _____     |                                   |  |
| <input type="checkbox"/> Veterinarian (which one?): _____                    |                                   |  |
| <input type="checkbox"/> Festival/Event (which one?): _____                  |                                   |  |
| <input type="checkbox"/> Groomer (which one?): _____                         |                                   |  |
| <input type="checkbox"/> Pet Sitter or Boarding Facility (which one?): _____ |                                   |  |
| <input type="checkbox"/> Pet Behaviorist/Trainer (which one?): _____         |                                   |  |
| <input type="checkbox"/> Other: _____  |                                   |  |

Animal Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ weeks / months / years

Species:  dog  cat  rabbit

Is cat free-roaming? (ear will be tipped):  yes  no

*"Free-roaming" means the cat does not live inside a house during a typical day.*

**Please complete the back side of this form.**

11/20/2013

Sex:  male  female  unknown

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

If your pet is female: When was her last heat cycle? \_\_\_\_\_

Is she pregnant?  yes  no  maybe

When was the last time your pet had any food? \_\_\_\_\_

Within the last two (2) weeks, has your pet displayed any of the following?  yes  no

Sneezing  Coughing  Vomiting  Diarrhea

Has your pet ever had a seizure?  yes  no

If "yes," please explain: \_\_\_\_\_

Are you aware of your pet having a history of health problems or injury (such as hit by car or animal attack)  no  yes

If "yes," please explain:

\_\_\_\_\_

Any known reactions to vaccinations, drugs, anesthesia, or medications?  yes  no

If "yes," please explain: \_\_\_\_\_

List any medications your pet has taken in the past month and why: \_\_\_\_\_

\_\_\_\_\_

Photo Release:

I grant to Pets In Stitches the right to take photographs of my pet, and to copyright, use, and publish the same in print and/or electronically. I agree that Pets In Stitches may use such photographs of my pet with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and web content.

Pets In Stitches May NOT take photos of my pet.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date