



Parker Center Animal Clinic

Observation Admit Form



Healthy Practices.
Healthier Pets.

Pet's Name: _____ Owner's Name: _____

Emergency Contact (Name and Phone Number): _____

Arrival Date: _____ Departure Date: _____

Species: _____ Breed: _____ Color: _____ Sex: _____ DOB: _____

Is your pet on any medications? _____

Name of Medication: _____ Directions: _____

Name of Medication: _____ Directions: _____

Name of Medication: _____ Directions: _____

What type of food will we be serving? From our stock or yours? _____

How much and how often? _____

Any additional feeding instructions? _____

What personal items are you leaving with us and what do they look like? _____

Does your pet jump fences? Yes / No Chew Blankets? Yes / No Eat Toys? Yes / No

Can your dog use stairs comfortably? _____

If you have more than one animal, should they be kept in the same kennel? _____

If they are dogs, can they go outside together? _____

Does your pet have any special needs, and what can we do to make their stay more comfortable?

*All pets being admitted must be current on vaccines. Procedures to be performed while admitted:

I understand that in the unlikely event that my pet should require medical or surgical treatment during its stay, PCAC will try to contact me for verbal consent. Whether or not PCAC is able to contact me, I hereby give my consent to PCAC staff to provide any treatments they deem necessary for the health and/or comfort of my animal.

Signature

Date