



# MOUNTAIN VIEW VETERINARY HOSPITAL

## HOSPITAL ADMISSION

Owner/Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Animal's Name \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_

Reason For Admission \_\_\_\_\_

Current On Vaccinations (\_\_\_\_)Yes (\_\_\_\_) No, Please Update

If not current on vaccinations, we require that your pet be updated for his/her own protection. If your pet has evidence of fleas, we will need to discuss treatment.

### DOGS

- \_\_\_ Canine Distemper/Parvo Vaccination
- \_\_\_ Canine Corona Vaccination
- \_\_\_ Kennel Cough Vaccination
- \_\_\_ Rabies Vaccination
- \_\_\_ Lyme Vaccination

### CATS

- \_\_\_ Feline Distemper Vaccination
- \_\_\_ Feline Leukemia Vaccination
- \_\_\_ Rabies Vaccination

Please indicate if you would like any of the following services performed while your pet is with us:

- |                               |                              |                    |
|-------------------------------|------------------------------|--------------------|
| ___ Express Anal Glands       | ___ Nail Trim                | ___ Heartworm Test |
| ___ Full Physical Examination | ___ Permanent ID (Microchip) | ___ Fecal Exam     |
| ___ Feline Leukemia Test      | ___ Complete Dental Care     | ___ Flea Control   |
| ___ Other _____               |                              |                    |

If your pet is staying with us, what date will your pet be going home \_\_\_\_\_

Mountain View Veterinary Hospital is to use all precaution against injury, escape or death of my pet. Mountain View Veterinary Hospital will be not be held liable or responsible in any manner whatsoever, or under any circumstances in connection therewith.

**I have read the foregoing and agree:**

\_\_\_\_\_  
Owner's/Agent Signature

\_\_\_\_\_  
Date

**Payment is due in full when services are rendered**