



Kelsey Canine Medical Center Admission Form (Diagnostics)

Best Contact Number: _____

Preferred Pick Up Time: _____

Veterinarian: _____ Tech: _____

Weight: _____

Temp: _____

Labwork/Diagnostics to be performed (office use): _____

If your dog has **Cushing's syndrome:**

What time did your dog take Vetoryl / trilostane this morning? _____

If your dog is **diabetic:**

How many units of insulin did your dog receive this morning? _____ units. At what time? _____

How much did your dog eat this morning? (circle one) *Full meal* *Partial meal* *Did not eat*

For any **other testing:**

When was your dog's last meal? _____ What did he/she eat? _____

Is your dog taking ANY medication INCLUDING heartworm / flea / tick prevention ? Yes or No

If yes, please list medication(s) and time(s) given: _____

For **all patients:**

Please list any symptoms your dog is experiencing which you would like us to be aware of:

Do you need refills of any medications? Y or N List: _____

Should we treat your dog immediately after the vet has done an examination or call you with an estimate of cost before proceeding with any additional treatment? (Circle one) **Please Treat or Please Call First**

By signing below, I consent to pay the fees for today's medical services in full upon picking up my dog. I authorize the veterinarian at Kelsey Canine Medical Center, LLC to examine my dog and provide treatment as described above. I am aware that the clinic hours are from 7:00am-5:30pm M-F and from 7:30am-12:00pm on open Saturdays, and agree to pick up my dog before close of business.

Signature of owner/agent: _____ Date: _____