



## Kelsey Canine Medical Center Admission Form (Imaging)

Best Contact Number: \_\_\_\_\_

Preferred Pick Up Time: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Tech: \_\_\_\_\_

Weight: \_\_\_\_\_

Temp: \_\_\_\_\_

Diagnostic Imaging to be performed (office use): \_\_\_\_\_

Sometimes, for the safety and comfort of patients during diagnostic imaging procedures, it is necessary to give the dog a light and/or reversible sedative. Do we have permission to give a sedative to your dog, if needed? Y or N (additional fee of \$192 may apply)

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: \_\_\_\_\_

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: \_\_\_\_\_

If additional treatment or medications are warranted upon completion of imaging, should we treat your dog immediately 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(s) at Kelsey Canine Medical Center, LLC to perform the services listed 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: \_\_\_\_\_