

DAY ADMISSION CERTIFICATE

“<animal>” <last-name>, <first-name>

Date: <date>

Procedures: <appt-notes><appt-treatments>

Noah's Ark Veterinary Hospital
4222 NW Cary Pkwy
Cary, NC 27513
919-469-0029

Owner's initials confirming procedures: _____

Vaccine Due Dates (* required):
<reminders>

Owner's initials authorizing overdue vaccine updates: _____

Client Number: <number>

Patient Breed: <breed>

Client Address: <address>

Patient Sex: <sex-name>

<city>, <st> <zip>

Patient Age: <age>

Client Phone: <area> <phone>

Patient Weight: <weight>

Patient Color: <color>

Allergies: <allergy>, Alerts: <animal-alert>

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of <animal>. I give permission for admission of <animal> for the purpose of outpatient day boarding, grooming, bathing, or any other non-surgical procedure which requires admission into the hospital for the day. I have been given an estimate or an estimate of anticipated fees has been discussed with me if I have asked for it.

I understand that if my pet needs to be sedated to perform any of the above mentioned, I give permission to sedate said animal, and I understand that there will be an additional charge for sedation.

All patients must be up to date on their vaccinations, or these will be administered at the owner's expense, unless the doctor feels that any current condition does not warrant vaccinating at this time.

If it is determined that <animal> is found to have fleas, we will de-flea <animal> at the owner's expense. We will make every effort to contact you to let you know about the flea situation.

I understand that all fees are due and payable upon discharge for Noah's Ark Veterinary Hospital of Preston and that a deposit equal to one half of the estimate may be required.

Estimated Fees: _____ Date: _____

Owner's Signature: _____

Phone numbers: Before 5 PM: _____ After 5 PM: _____ E-Mail _____

Text OK ____

******All Groomings are on a first in first out basis unless previously arranged******

GROOMING ADMISSION FORM

<company>
<co-address>
<co-city>, <co-st> <co-zip>
<co-phone>

Date: <date>
Case No: <number>

Owner: <first-name> <last-name>
Street: <address>
City: <city>
Phone: <phone>

Name: <animal>
Breed: <breed>
Sex: <sex-name>
Age: <age>
Color: <color>

Please initial all that apply:

Brush Teeth(**additional \$5.00 includes take home brush**)

Express anal glands(**additional \$28.80 charge**)

Ultimate Spa(**additional \$10**) Shampoo_____

Luxury Spa(**additional \$8**) Shampoo_____

VIP Spa(**additional \$5**) Shampoo_____

Cat shavedown, bath, trim nails, clean ears

Same cut as last time

Owner specific instructions for groomer:

