FAUST ANIMAL HOSPITAL
GROOMING/EXAM ADMITTANCE SHEET

_____ _____
CLIENT PATIENT

GROOMING DATE: _____

GROOMING INSTRUCTION: (*ANAL GLANDS, EAR CLEANING AND TOENAIL TRIM INC.*)

□ SAME AS USUAL □ BATH & BRUSHOUT □ LION CUT □ SHAVE DOWN
□ ¼ INCH □ TRIM TAIL □ LEAVE TAIL □ SHAVE TAIL
□ ½ INCH □ TRIM EARS □ SHAVE EARS □ LEAVE EARS

□ OTHER INSTRUCTIONS_____
VACCINATIONS CURRENT? (PROOF REQUIRED) YES □ NO □

MEDICAL HISTORY FORM

HOW DOES YOUR PET SEEM TODAY?_____

HOW LONG? _____ PREVIOUS TREATMENT? _____

LAST ATE: _____ APPETITE NORMAL/DECREASED/INCREASED ?

ANY DIET CHANGES? (FOOD, TABLE SCRAPS, BONES, ETC) Y N WHAT DO YOU FEED?_____

WATER INTAKE? NORMAL/INCREASED/DECREASED

ANY PROBLEMS WITH □ EARS □ VOMITING □ DIARRHEA □ LIMPING
□ SNEEZING □ COUGHING □ LETHARGY
□ OTHER _____

ANY MEDICATIONS? _____

VACCINATIONS CURRENT: YES/NO

VACCINATIONS REQUIRED: □ DHPP □ RV □ BORDVAX □ FVRCP □ FEL RV

IS THIS ANIMAL □ INSIDE □ OUSIDE □ BOTH

HAVE YOU NOTICED ANY: Y N FLEAS Y N TICKS

In case of an emergency, please give us a number where you may be reached or who we may contact:

_____PHONE:_____

In the unlikely event your pet develops a medical problem, every attempt will be made to contact you as soon as possible. IF YOU CANNOT BE REACHED, DO YOU AUTHORIZE FAUST ANIMAL HOSPITAL TO BEGIN EMERGENCY TREATMENT AND AGREE TO PAY ALL COSTS?

□ YES □ NO

_____ _____
SIGNATURE DATE