

**Glen Mills Veterinary Hospital**  
1785 Wilmington Pike  
Glen Mills, PA 19342  
(610) 558-0100-Phone (610) 558-0102-Fax  
info@gmveterinary.com

DOG ADMISSION FORM

Date: \_\_\_\_\_ Doctor: \_\_\_\_\_ Appt Time: \_\_\_\_\_

Client Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Client Phone: \_\_\_\_\_ Client Email: \_\_\_\_\_

Car Make/Model/Color: \_\_\_\_\_

**\* Please bring a PEN with you in the event it is needed**

**Please call the office upon arrival so that we can check your pet in for their appointment.**

**RISK ASSESSMENT:** At this time our hospital can not see your pet if the answer is 'yes' to the following

Is your pet in a home with a known COVID-19 positive individual? \_\_\_\_\_

Is your pet in a home with a person on self-quarantine that is symptomatic and has had contact with a COVID-19 positive individual? \_\_\_\_\_

Primary Reason(s) for Visit Today (For sick patient include symptoms, timelines, and severity):

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> None                         | <input type="checkbox"/> Diarrhea      | <input type="checkbox"/> Vomiting                 | <input type="checkbox"/> Not eating         |
| <input type="checkbox"/> Lethargic                    | <input type="checkbox"/> Limping       | <input type="checkbox"/> Sneezing                 | <input type="checkbox"/> Coughing           |
| <input type="checkbox"/> Nasal discharge              | <input type="checkbox"/> Eye discharge | <input type="checkbox"/> Watery eyes, no color    | <input type="checkbox"/> Red/Irritated eyes |
| <input type="checkbox"/> Itchy ears                   | <input type="checkbox"/> Ears red      | <input type="checkbox"/> Odor/discharge from ears |   |
| <input type="checkbox"/> Other, please specify: _____ |  |   |   |

Flea/tick prevention:  Nexgard  K9 Advantix II  Seresto collar  Other \_\_\_\_\_  
 Monthly  Seasonally Any missed doses? \_\_\_\_\_

Heartworm Prevention:  No  Yes  If yes, list brand \_\_\_\_\_  
 Monthly  Seasonally Any missed doses? \_\_\_\_\_

How many prescription medications is your pet currently taking? \_\_\_\_\_  
How many over-the-counter medications (Include vitamins, supplements)? \_\_\_\_\_

Do you need any refills today? (Please specify)  
\_\_\_\_\_

Diet (Brand, Flavor, Quantity, How often?) \_\_\_\_\_  
\_\_\_\_\_

Please check here if you are interested in hearing more about:

- Discount health screening profiles for  Core vaccine titers  Dental home care & dentistry

Would you like any of the following Technician Services today? (Please Circle)

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Nail Trim \$18             | <input type="checkbox"/> Ear Cleaning \$25      | <input type="checkbox"/> Clip Mats             | <input type="checkbox"/> Blood Pressure \$36 |
| <input type="checkbox"/> Anal Gland Expression \$29 | <input type="checkbox"/> Ear Hair Plucking \$20 | <input type="checkbox"/> Other (specify) _____ |  |