

Glen Mills Veterinary Hospital
1785 Wilmington Pike
Glen Mills, PA 19342
(610) 558-0100-Phone (610) 558-0102-Fax
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CAT 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 _____

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 \$12 | <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) _____ | |