

MAGRUDER TABB ANIMAL CLINIC

105 Ascot Drive
Yorktown, VA 23693
(757)865-6510

Admittance Form

Date: _____

Owner Name (Please Print): _____

Pet Name(s): _____

Reason for visit: _____

Please describe (if applicable) your pet's problem(s) including length of time of problem, what you have been noticing & anything you would like to bring to the doctor's attention:

Would you like the doctor to contact you prior to any diagnosis or treatment? (Ex. X-rays, blood work, medications, etc.) Yes _____ No _____

Telephone number where you can be reached: _____

Please read & initial each of the following:

_____ If you wish to be contacted prior to treatment, we will not be able to treat your pet if we cannot reach you in a timely manner.

_____ If there are discharge instructions, the doctor may need to meet with you briefly to go over them, when you pick up your pet.

_____ **ALL** pets found to have fleas **will** be treated.

Would you prefer:

- an application of flea medication _____ Circle one: Advantage, Advantix, Frontline

OR

- a complete bath with application of flea medication _____ Circle one: Advantage, Advantix

Owner Signature: _____