

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: _____