

ANIMAL MEDICAL CENTER OF MT. PLEASANT

ELECTIVE DAY ADMISSION FORM

Date: _____

Owner's Name: _____

Pet's Name: _____

Please circle how you would prefer to be contacted: Phone, Email or Text

Phone/ Text Number: _____ Carrier: _____

Email Address: _____

Is it ok to use images of your pet on our Facebook page? ____ (initial for yes)

Please check off procedures you wish to have performed today:

- Vaccinations
- Physical Examination
- Fecal Exam
- Other

*Please ask our receptionist about charges for these procedures.

Has your pet shown any signs of illness recently (ie. coughing, sneezing, vomiting, diarrhea, not eating, lethargy, etc.)? If so, please describe and list duration below:

Approximately when do you plan to be back for your pet?: _____

Please be aware that there is a day admission fee.

Diagnosis/Release Instructions: _____

Client's Signature _____