



Day Admission

Specialized Care for Avian & Exotic Pets
10882 Main Street, Clarence, NY 14031

Date: _____

Pet: _____

Reason for Visit:

Your pet is being admitted to the hospital for the day to be examined and evaluated. We will call you as soon as possible regarding our evaluation and to provide you with a treatment plan, including estimate. You will need to put down a \$100 deposit for examination and a half-day hospitalization charge.

Printed Name

Signature

Phone number(s) you can be reached at today:

1st: _____ Name: _____

2nd: _____ Name: _____

3rd: _____ Name: _____

Preferred pick up time _____

Last Time Ate: _____ What: _____

Last Time Drank: _____

Last Time of Defecation: solid and /or urine: _____

Last Time Medicated: _____ please use back to list all medications and times.

Any further information:

Is this the first time we are seeing your pet? If so, please also fill out the history form and review the payment policy form. *Thank you!*