



**EXPRESS
VETS**

5485 Bethelview Road, Suite 440
Cumming, GA 30040
Phone: 470-239-7672
Fax: 470-239-7178
Email: info@expressvets.com

*Convenient • Affordable
Veterinary Care*

DROP OFF ADMISSION FORM

Owner Name: _____ Patient: _____ Date: _____

Reason for Drop Off: _____

Are there any other services you would like to add for your pet today?

Please circle all that apply:

- Annual health/wellness exam
- Vaccines
- Lab testing/bloodwork
- Anal gland expression
- Heartworm prevention
- Heartworm test

- Microchipping
- Deworming
- Nail trim
- Nail trim with dremel
- Flea/tick prevention
- Ear cleaning

Other: _____

Are there any allergies, behaviors, or vaccine reactions we should be made aware of? Yes or No

If yes, please explain: _____

How often do we need to walk your pet while he/she is day boarding with us? _____

We do not typically feed pets while they are day boarding, unless you provide your own food. Does your pet need to be fed while day boarding? Yes or No

If yes, what food and how much/often? _____

Do we have your permission to give your pet a treat while staying with us? Yes or No

**We provide Milk Bones treats for dogs and Friskies crunchy treats for cats.*

Questions for the veterinarian: _____

What time will you be picking up your pet today? _____

What is the best contact number where you can be reached today? _____

By signing this form, I understand that Express Vets is not permitted to have overnight boarders. I must pick up my pet(s) before the clinic closes at 5:30pm. If I fail to pick up my pet(s) before the clinic closes, I understand Express Vets staff may make other arrangements for my pet(s) and I will be responsible for any fees or costs associated with regaining possession of my pet(s).

Owner Signature: _____ Date: _____