

Gateway Animal Hospital

Patient Check-In Form

Thank you for choosing Gateway Animal Hospital to care for your pet. We are devoted to quality service and communication and would appreciate you taking a moment to answer the following questions.

Today's Date _____ Patient(s) name _____ Age(s) _____

What is the nature of your visit today? _____

In addition to the recommended annual vaccines, you may elect to have the **Rattlesnake** or **Canine Influenza vaccine** administered to your dog. A booster vaccine is required in 30 days for each and then annually thereafter. The price for the initial, booster and annual vaccines are as listed for each.

Rattlesnake \$23 Yes or No

Canine Influenza \$26 Yes or No

Glaucoma is a disease that affects the eyes of cats and dogs of all ages. Screenings are noninvasive and are recommended annually for patients older than 12 weeks of age. **Glaucoma \$14 Yes or No**

Preventative blood screenings are recommended for cats and dogs of all ages. The mini wellness screen is for patients **younger than 7 years of age**. This test screens the patient's liver and kidney function levels, blood glucose level and several protein and enzyme levels. **Mini wellness screen \$32 Yes or No**

For patients **older than 7 years of age**, a senior wellness screen is recommended. This test is a more in-depth profile that includes major organ function, complete blood count, thyroid function, heartworm screening and a urinalysis. The feline screening includes a feline immunodeficiency virus (FIV) screen and feline leukemia virus screen (FeLV).

Senior wellness screen - Canine \$80 / Feline \$99 Yes or No

If you are dropping your pet off today you may elect to have them bathed. Our baths include a moisturizing shampoo, nail trim, ear cleaning, brush out and a seasonal bandana. Bath prices are based on weight ranges. You may add the Furminator deshedding treatment to help reduce hair and dander.

Bath \$To be determined Yes or No Furminator \$16 additional Yes or No

Please list a primary and secondary phone number where you may be reached today and your requested pick up time. Also, please list a person that is allowed to make financial and medical decisions for you if we are not able to reach you in the case of an emergency.

Your name _____ 1st # _____ 2nd # _____

Emergency contact _____ Phone # _____

Pick up time requested _____ * please allow sufficient time for all procedures

Email or address changes _____

** Please be aware that if your pet is found to have fleas we will administer a Capstar. Capstar is a very safe oral tablet that rids the patient of fleas within 30 minutes and continues to eradicate for 24 hours. This cost is \$9.00 and will be added to your invoice.*