



CHARLESTON
ANIMAL
HOSPITAL
North Charleston, SC

Admission Examination Form

****Important****: This form is for pets that are being admitted during “drop-off” times for routine yearly examinations or non-life threatening conditions. If your pet is demonstrating severe or potentially contagious symptoms, you may be asked to wait with your pet until a doctor performs a physical exam and approves admission for drop-off.

_____	_____	_____-_____-_____	
Full Name	Date of Birth	SS#	
_____	_____	_____	_____
Mailing Address	City	State	Zip Code
_____	_____	_____	
E-mail Address	Best Contact #	Alternate Contact #	
_____	_____	_____	
Pet Name	Species	Date of Birth	
_Male _ Female _Spayed/Neutered			

Current Medications including preventatives:

List of concerns:



Check all that apply:

Canine Services

☐ Basic Dog Annual Package (Heartworm Test, Intestinal Parasite Screen, Rabies Vaccine, DAPP Vaccine, Bath, Nail Trim, Anal Gland Expression and Doggie Daycare) —**\$95**—

☐ Basic Dog + Lepto Annual Package (Heartworm Test, Intestinal Parasite Screen, Rabies Vaccine, DAPP+Lepto Vaccine, Bath, Nail Trim, Anal Gland Expression and Doggie Daycare) —**\$100**—

☐ **NO** Bath

☐ **NO** Nail Trim

☐ **NO** Anal Gland Expression

Non-core Vaccines

☐ Bordatella (Kennel Cough) —**\$17**— ☐ Canine Flu (bivalent) —**\$35**— ☐ Lyme Disease —**\$30**—

☐ Leptospirosis —**\$21**—

Additional Services

☐ Vector-borne Disease Test (includes Heartworm test, Lyme Disease, Ehrlichia, and Anaplasma)

—**additional \$20 with any Annual Package**—

Feline Services

☐ Indoor Cat Annual Package (FvrCP Vaccine, Rabies Vaccine, Bath, Nail Trim, and Day Boarding) —**\$70**—

☐ Outdoor/Indoor Cat Annual Package (FvrCP Vaccine, Rabies Vaccine, Leukemia Vaccine, Intestinal Parasite Screen, Bath, and Day Boarding) —**\$95**—

☐ **NO** Bath

☐ **NO** Nail Trim

Additional Services

☐ Leukemia, FIV, and Heartworm Test —**\$49**—

☐ Tapeworm Treatment (Injectable) —**\$25**—

I hereby authorize Charleston Animal Hospital to perform all procedures as described above. The nature of such services has been described to me to my satisfaction and I realize that neither guarantee nor warranty can ethically or professionally be made regarding the results or cure. I also authorize the Hospital staff to proceed with life saving treatment in case of emergency until communication with me can be established. I further assume financial responsibility for all medical, surgical and emergency services rendered

Owner/Agent