

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 \$26.25 Yes or No

Canine Influenza \$29.75 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 \$17.50 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 \$36 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 \$105 / Feline \$124 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 \$17 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 case of any 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 \$9.98 and will be added to your invoice.*

Signature _____ Date _____