



CASCADE SUMMIT
Animal Hospital

Admit Form

Pet Name: _____

Reason for Appointment: _____

Client Name:	
Phone Number for Decisions:	
Email Address:	
Person Dropping Off:	
Person Picking Up:	
Phone Number for Pickup:	
Do you have time constraints?	

Does your pet have insurance?	Percentage of time spent indoors:
Diet:	Any change in food/treats?
Appetite (normal, decreased, increased):	Water Intake (normal, decreased, increased):
Food Allergies?	Other Allergies?
Any Seizures?	
Symptoms Present (coughing/sneezing/vomiting/diarrhea/lethargy/limbness/itching/lumps or bumps/other) & History:	
Current Medications/Supplements and Dose:	

What phone number(s) can you be reached at today: _____

Are there any times you will be unavailable? _____

Can you be reached by text if we can't reach you by phone? Yes No

Number to text: _____

Signature: _____

Your Initials Here Will Serve As Your Digital Signature

Date: _____

*** I am aware my signature authorizes CSAH to perform an exam on my pet for \$63. I will be available by phone and/or text and email for approval of recommended treatments. ***