



# POPLAR ANIMAL HOSPITAL



351 George W Liles Pkwy  
Concord, NC 28027  
704-795-7200

## Drop off/Daycare Admissions

Date: \_\_\_\_\_ ID \_\_\_\_\_ Owner Name: \_\_\_\_\_ Pet: \_\_\_\_\_

Vaccinations: (please see boarding requirements for those required to be in the hospital)

- Up to date  FIV/FeLV test date (cats) \_\_\_\_\_
- Needed today \_\_\_\_\_
- Check with previous provider \_\_\_\_\_

Heartworm Status/Prevention:

- Last heartworm test date: \_\_\_\_\_
- Test required
- Preventative used \_\_\_\_\_ missed any months? \_\_\_\_\_ refill? \_\_\_\_\_

Flea Control:

- Flea problem
- Control used \_\_\_\_\_ refill? \_\_\_\_\_

Please Have Doctor check:

Reason: \_\_\_\_\_  
\_\_\_\_\_

Duration: \_\_\_\_\_ Frequency: \_\_\_\_\_  
Progression \_\_\_\_\_ First episode? \_\_\_\_\_

Specific Doctor requested? \_\_\_\_\_

Other services while here today?

- Nail trim  Bath  Anal gland expression
- Frontline application  Revolution application(cats)
- Dental Exam by Technician (complimentary)
- Other: \_\_\_\_\_

Please do not hesitate to call and check on your pet at anytime. It is our pleasure to care for your pet.

I hereby acknowledge responsibility for making arrangements to pick up my pet(s) before closing on the day of services are rendered unless other arrangement are made in advance. I further acknowledge that Payment In Full is expected at the time services are rendered unless other arrangements are made in advance. I hereby agree to pay all costs incurred if I fail to retrieve my pet(s) before closing. I accept responsibility for these charges whether or not I receive my pet(s). I also understand that if I do not claim my pet(s) within 10 days, my pet(s) will be considered abandoned and Poplar Animal Hospital will turn my pet over to Animal Control, Humane Society or otherwise dispose of the pet, as Poplar Animal Hospital deems proper.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Number(s) you may be reached today: \_\_\_\_\_