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Wellness Care for a Discount Price

DROP OFF ADMISSION FORM

Client: _____ Patient: _____ Date: _____

Reason for Drop Off: _____

Are there any other services you like you're your pet today? Please Circle One:

- | | |
|---------------------------------------|----------------------------------|
| Annual Health/ Wellness Exam | Micro-Chipping |
| Vaccine Pack, Which One _____ | Deworming |
| Lab Testing/Blood Work | Nail Trim |
| Anal Gland Expression | Nail Trim with Dremel |
| Heartworm Prevention, Which One _____ | Flea Prevention, Which One _____ |
| Heart Worm Test | Ear Cleaning |
| Other _____ | |

Are there any allergies, behaviors, or vaccine reactions we should know: _____

How often do we need to walk and feed your pet while boarding? _____

Do you have any questions for the Doctor? _____

What time will you be picking up your pet today? _____

What is the best phone number to contact you at? _____

By signing this form, I understand that I must pick up my pet before 5:30pm.

Client Signature: _____ Date: _____