



Gladstone Veterinary Clinic
 18420 SE McLoughlin Blvd.
 Milwaukie, OR 97267
 (503) 653-6621



Tanya ten Broeke, DVM Cassi Snyder, DVM Kristi Winkler, DVM

ADMISSION FORM

Owner's Name: _____ Date: _____
 Patient's Name: _____ Breed: _____

REQUIRED VACCINES

Vaccinations must be current, with proof of the vaccination(s) from a veterinary clinic. If vaccines are not current or proof is not available, at the doctor's discretion and based on your animal's health, the vaccinations will be administered upon admission into the clinic. Your final invoices will reflect all services and charges.

Dogs: DA2-P (Distemper/Parvo Combo), Bordetella and Rabies Vaccines

Cats: FVRCP (Distemper, Upper Resp., & Chlamydia Combination) and Rabies Vaccines

I authorize the doctors and staff at Gladstone Veterinary Clinic to perform the indicated services on my pet:

Are there additional services you would like the doctor to perform while your pet is in our hospital?
 If so, please list:

CPR/DNR (select preference):

Emergencies very seldom occur, but in the event of an emergency our team will make every attempt to contact you.

- Exhaust all life-saving efforts, including CPR. Necessary emergency procedures will be instituted at an additional cost. _____ *initials*
- Do not resuscitate. _____ *initials*

Owners Signature: _____

Phone numbers where you can be reached *today*:

Try 1st: Name _____ Phone _____ cell home work text update
 Try 2nd: Name _____ Phone _____ cell home work text update