Day Admission Form

My Pet's Name: ____________________ My First/Last Name: __________________

Today, I can be reached at this phone number: ___________________

1. The reason for my pet's visit today:

2. Current Diet:

3. Does your pet have a history of seizures? (Please Circle) YES NO

4. Does you pet have history of cancer? (Please Circle) YES NO

5. My pet is taking the following medications: (current Rx's/ over the counter / supplements/ flea/ tick/ heartworm prevention)

6. Do you need any prescription refills?

7. If your pet is a cat, are they: INDOOR OUTDOOR INDOOR & OUTDOOR

(Please Circle One)

Please Fill Out Both Sides of This Form Completely

Symptom	YES or NO (Please Circle One)	If YES, Please check all that apply
Has appetite changed?	YES NO	Not eating ☐ Only eats treats ☐ Decreased appetite ☐ Increased appetite ☐
Has water intake changed?	YES NO	Increased ☐ Decreased ☐ Not drinking at all ☐
Any vomiting?	YES NO	Vomiting white foam ☐ Blood in vomit ☐ Vomiting yellow/green fluid ☐ Vomiting food ☐ Got into trash ☐ Fed table scraps recently ☐ Has history of eating toys/ string/ clothing ☐
Any Diarrhea?	YES NO	Watery/runny stool ☐ Soft but formed stool ☐ Blood in stool ☐ Mucous or slime in stool ☐ Soft stool without form to it ☐
Any Coughing?	YES NO	Moist cough ☐ Dry cough ☐ Occurs at night ☐ Occurs during day ☐ After/during activity ☐ After/during barking ☐ After/during drinking water ☐
Any Sneezing?	YES NO	Increased frequency ☐ Mucoid nasal discharge ☐ Clear nasal discharge ☐ Watery eyes ☐

Please initial the following:

______ I understand the doctor will contact me after my pet has been examined to discuss findings and a treatment plan and/or further testing. I understand the doctor will be unable to proceed with any plans until she has spoken directly to me and I have authorized the treatment plan/tests and the charges associated with them. Payment is due at the time of discharge.

Please choose one of the following:

☐ **YES, I authorize** Animal Health Care Center, in an emergency situation, to perform any procedures necessary for the well being of my pet until further communication with me. I will be responsible for any additional charges.

☐ **NO, I DO NOT** authorize Animal Health Care Center, in an emergency situation to perform any unauthorized procedures without contacting me first.

______________________________ Owner's Signature

______________ Date