

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

Top of Form

 (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 ⬜ |

Bottom of Form

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