

HOSPITAL ADMISSION FORM

The information requested below will tell us the things you want us to do. It is the only way we can be certain that we understand what you want. Therefore, it is very important for you to be as specific as possible. If we need additional information, we can reach you at the number you give us today. Thank you.

Owner: _____ Date: _____

Pet: _____ Breed: _____ Sex: _____ Age: _____

Phone number where you can be reached today _____

Is your pet sick? Yes () No () Major Complaint? _____

Has pet been treated for same condition recently? Yes () No () If yes, when? _____

Current diet _____ No. feedings per day _____ Is he/she given table scraps? Yes () No ()

Please indicate the services requested for your pet today:

Vaccinations & Tests:

- | | |
|---|---|
| <input type="checkbox"/> Rabies | <input type="checkbox"/> K9 DHLPP |
| <input type="checkbox"/> K9 Bordetella (Kennel Cough) | <input type="checkbox"/> K9 Corona Virus |
| <input type="checkbox"/> K9 Lyme | <input type="checkbox"/> Feline FVRCP |
| <input type="checkbox"/> Feline Leukemia | <input type="checkbox"/> Feline FIV |
| <input type="checkbox"/> Fecal | <input type="checkbox"/> Heartworm Test |
| <input type="checkbox"/> Physical Exam | <input type="checkbox"/> Feline Leukemia Test |
| <input type="checkbox"/> Laboratory Tests: _____ | <input type="checkbox"/> Cage Fee |

Currently on any medications? Yes () No () If yes, what? _____

Appetite normal? Yes () No () How Long? _____

Vomiting? Yes () No () How Long? _____ Food or liquid? _____

Diarrhea? Yes () No () How Long? _____

Listless? Yes () No () How Long? _____

Drinking more or less water than usual? Normal () More () Less () How Long? _____

Weakness? Yes () No () How Long? _____

Coughing? Yes () No () How Long? _____

Sneezing? Yes () No () How Long? _____

Gagging? Yes () No () How Long? _____

Urinating more or less than usual? Yes () No () How Long? _____

Scratching? Yes () No () How Long? _____

Shaking head? Yes () No () How Long? _____

Limping? Yes () No () Which leg? _____ How Long? _____

Scotting? Yes () No () How Long? _____

Unusual lumps or bumps? Yes () No () How Long? _____

Anything else we need to know? Yes () No () If Yes: _____

I would also like my pet to receive a () Bath () Clip Initial: _____

Call the office by 11:00 a.m. to check on progress & in case we have not been able to reach you.

OWNER RELEASE: You are to use all reasonable precaution against injury, escape, or death of <animal>. The clinic and staff will **NOT** be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that ANY problem that develops with <animal> while I'm absent will be treated as deemed best by the staff veterinarians and I assume full responsibility for the treatment expense involved. If I neglect to pick up my pet within 5 days of the date below and do not notify you within that time frame you may assume that <animal> is abandoned and are hereby authorized to dispose of <animal> as you deem best and / or necessary.

OWNER/AGENT _____

DATE _____