



PATIENT ADMISSION FORM

Date: _____

Phone number contact for today _____

Owner's

name _____

Pet's name _____

Problem for the doctor to examine today _____

When did you first notice the
problem? _____

How has your pet's appetite and water consumption been for the past few days? _____

Did your pet eat this morning? _____

Has your pet been treated by yourself or anyone else for this problem? _____ If so, with what/when? _____

Any other routine medication given to your pet including heartworm and flea preventive (last given)? _____

Are there any **other problems** (medical, physical, drug reactions, etc.) with your pet we need to know before treatment? _____

To effectively diagnose and treat many problems, radiographs, blood tests and other procedures may need to be done. We will notify you before undertaking these tasks as to their need and cost. In the event of a life-threatening condition, we will make every attempt to stabilize your pet and then notify you as soon as possible as to the extent of the problem. Please make sure we have a phone number where you can be reached. Please ask the receptionist for a **pick-up time appointment** so that the doctor will have adequate time to discuss our findings with you.

Thanks for your help.