MEDICAL ADMITTANCE INFORMATION

Client Name _____ CN _____

Patient's Name _____ Age _____

Phone Number You Can Be Reached at Today _____ _____
Work or Home Cellular

Time You Would Like to Pickup Your Pet _____

HISTORY AND PRESENTING PROBLEMS

Current Problem _____

Appetite: Increased ☐ Decreased ☐ Not Eating ☐ Normal ☐

Activity Level: Normal ☐ Mild Decrease ☐ Severe Decrease ☐

Water Intake: Normal ☐ Decreased ☐ Increased ☐

Bowel Movements: Normal ☐ Diarrhea ☐ Blood ☐ Constipated ☐

Urination: Normal ☐ Increased Volume ☐ Increased Frequency ☐ Blood Seen ☐

Vomiting: How Many Times _____ Last Time _____ Blood ☐ Food ☐ Fluid ☐

Previous Medical Problems: _____

_____

DIAGNOSTICS AND FLUID CONSENT

RADIOGRAPHS AND LABORATORY TEST CONSENT:

☐ Yes, I authorize my pet to have the lab tests and radiographs the doctor feels are necessary.

☐ No, call before performing any radiographs or laboratory tests except in emergency situations.

INTRAVENOUS AND SUBCUTANEOUS FLUID CONSENT:

☐ Yes, I authorized the doctor to give my pet intravenous or subcutaneous fluids.

☐ No, Call before administering supplemental fluids except in emergency situations.

VACCINES

My Pet's Vaccines are: **Current** ☐ **Not, Current, Please Update** ☐

ADDITIONAL SERVICES

Nail Trim ☐ Express Anal Sacs ☐ Clean Ears ☐ Bath ☐ Combing Out ☐

Annual Deworming ☐ Topical Treatment for Fleas ☐ Clipping ☐ Type _____

I hereby authorize personnel of Firgrove Veterinary Clinic to administer treatment as is considered thereapeutically necessary during the course of hospitalization. I also consent to the administration of such anesthetics as are necessary for the diagnostic, medical or surgical procedures to be performed.

I understand payment for services rendered will be expected in full at the time of discharge.

I request an estimate. Yes ☐ No ☐ (Estimate by _____ Verbal Written Amount _____)

_____ _____
Signature of Owner or Responsible Agent Date

Admitted By: _____