

AURORA VETERINARY CLINIC
46 S. Aurora Rd. · Aurora, Ohio 44202
Ph: 330-562-5100 · Fax: 330-562-4960

Pet Admission: Medical Information

Clients Name: _____

Phone Number: _____

Patients Name: _____

Today's Date: _____

In order to take the best care of your pet while he/she is hospitalized, please fill out the following information:

Is your pet sick today: Y N If yes, then how long have they been sick? _____

Current diet being fed: _____ Meals per day: _____ Table scraps: Y N

Did your pet eat this morning: Y N

Did your pet have a bowel movement today: Y N

Did your pet urinate today: Y N

Is your pet on heartworm prevention: Y N

Recent Pet Medical History

Any recent injury or accident: Y N Describe _____

Any recent surgery: Y N Describe _____

Currently taking daily medications: Y N List _____

Allergies to medications: Y N List _____

Vomiting: Y N Length of time _____

Diarrhea: Y N Length of time _____

Lack of energy: Y N Length of time _____

Drinking more than normal: Y N Length of time _____

Drinking less than normal: Y N Length of time _____

Urinating more than normal: Y N Length of time _____

Urinating less than normal: Y N Length of time _____

Weakness: Y N Length of time _____

Limping on RF RR LF LR: Y N Length of time _____

Coughing: Y N Length of time _____

Sneezing: Y N Length of time _____

Gagging: Y N Length of time _____

Scratching: Y N Location _____

History of seizures: Y N Length of time _____

New lumps/bumps on their body: Y N Location _____

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Bad breath: Y N Length of time _____
Weight loss: Y N Length of time _____
Weight gain: Y N Length of time _____
Bowel abnormalities: Y N Describe _____
Behavioral changes: Y N Describe _____
Anything else that may be important to your pet's health:

Please check off the services that you are requesting today:

- Physical examination with emphasis on problems listed above.
- Annual physical examination and vaccines against contagious diseases.
- Please check my pet for intestinal parasites.
- Please check my pet for heartworms.
- Other: _____

I authorize sedation or pain relief for examination or treatment today if necessary:
Y N Call me first for permission Owners Initials _____

Please call me before proceeding with any diagnostics or treatments: Y N

I authorize necessary diagnostic testing up to the amount of \$ _____.

I authorize necessary treatment up to the amount of \$ _____.

You are to use all reasonable caution in the treatment of my pet, in which event I will not hold the clinic liable for injury, escape, or death. I understand that any unforeseen problem(s) that develop while I am absent and my pet is in your care will be treated as deemed necessary by the veterinarian staff and I will assume full responsibility for the expense of the treatment(s).

If I neglect to pick up my pet within 5 days of the release date, the clinic will consider the pet abandoned and are hereby authorized to dispose of your pet as we deem best and necessary.

Owners Signature: _____ **Date:** _____