

THE VET'S ANIMAL HOSPITAL
Day Admission Form

Client's Name: _____ Patient's Name: _____ Date: _____

Why is your pet here today? _____

When did the problem start? _____

Please check any of the appropriate symptoms:

<input type="checkbox"/> Eating normally <input type="checkbox"/> Not eating <input type="checkbox"/> Eating ravenously <input type="checkbox"/> Weight loss <input type="checkbox"/> Weight gain <input type="checkbox"/> Behavior changes <i>(describe below)</i> <input type="checkbox"/> Lethargic / less active <input type="checkbox"/> Itching & scratching <input type="checkbox"/> Hair loss	<input type="checkbox"/> Gagging <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Diarrhea with blood <input type="checkbox"/> BM straining <input type="checkbox"/> Scooting <input type="checkbox"/> Straining to urinate <input type="checkbox"/> Urinating more frequently <input type="checkbox"/> Urinating blood <input type="checkbox"/> Leaking urine / spotting	<input type="checkbox"/> Coughing <input type="checkbox"/> Panting excessively <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Nasal discharge. <input type="checkbox"/> Eye discharge <input type="checkbox"/> Eye redness / color change <input type="checkbox"/> Shaking head <input type="checkbox"/> Scratching at ears <input type="checkbox"/> New swelling / mass(es) <i>(describe below)</i>
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Any other information that can assist us? _____

Current diet: _____

Is your pet on heartworm preventative?

Yes No Type: _____

Doing initial testing can save time diagnosing your pet. Initial basic tests could include blood testing, fecal tests, skin scrapings, needle aspirates, x-rays, and ear swab examination. Please contact me first if the cost of any tests plus the office visit of \$40 will exceed the following:

- \$75 \$125 \$200 \$300
 Contact me first before any tests are run

Best phone number(s) where you can be reached today: (1) _____ (2) _____

I agree that I am the owner of this pet and I allow the doctor(s) at The Vet's Animal Hospital to treat my pet. Furthermore, I agree to pay for all charges that are incurred and I understand full payment is required at discharge.

Owner's / Agent's Signature: _____ Date: _____