

DAYTIME ADMISSION FORM

PATIENT _____ DATE _____

OWNER/RESPONSIBLE PARTY _____

PHONE NUMBER (S) YOU CAN BE REACHED AT TODAY



REASON FOR ADMISSION:

Please mark any of the following symptoms that apply to your pet: vomiting , diarrhea , coughing , sneezing , increased water consumption , decreased water consumption , increased appetite , decreased appetite , discharge from its eyes or nose , increased urination (either amount or frequency) , decrease urination , decreased activity level , straining to urinate or defecate , lameness .

Are there any other symptoms or related medical conditions that we should be aware of?

Is your pet currently taking any medication? Yes No If so, please list the medications and current dosages. _____

Has your pet been vaccinated within the past year? Yes No
If not, and medically appropriate, would you like them updated? Yes No

List any personal belongings left with your pet. *Please remove and take your pet's leash and collar.*

Will you need any medications refilled? Yes No (If yes, please list)

After we have examined your pet, we will make every attempt to reach you as soon as possible. We will call to discuss our findings, plan, and estimated charges. In the event that your pet needs immediate attention or we are unable to reach you, how would you like us to proceed? (Select one the following)

- ____ 1. Please proceed with whatever treatments and diagnostic testing the doctor deems necessary.
- ____ 2. Please proceed with treatments or testing needed but call if the fees will exceed \$_____ (please fill in amount).
- ____ 3. Do not proceed with treatment or diagnostic testing until you have reached me.



Owner or agent's signature _____

