



SICK PET ADMISSION FORM

Client name: _____ Date: _____

Pet Name: _____ Breed: _____

Reason for Visit: _____ Age: _____ Sex: _____

Please Explain: _____

Did your pet eat today? If yes, when? _____

Is your pet on Heartworm preventative? Yes / No Is your pet on Flea/Tick preventative? Yes / No

Is your pet currently taking any medications? Yes / No

Medication: _____ Dose/Frequency: _____

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Is your pet taking any over-the-counter supplements?

Supplement: _____ Dose/Frequency: _____

Has your pet shown any of the following symptoms?

Vomiting

How many days? _____ How many times per day? _____ What came out? _____

Diarrhea

How many days? _____ How many times per day? _____ Any blood or mucus? _____

Straining to have a bowel movement How many days? _____

Straining to urinate How many days? _____

Coughing How many days? _____

Seizures How often? _____ How many days? _____

Limping Which leg? _____ How many days? _____

Listless or Lethargic How many days? _____

Unusual Lumps or Bumps First Noticed: _____

If deemed medically necessary by the doctor, I authorize the following care for my pet:

Diagnostic Blood Work Urinalysis X-Rays Sedation

Number to call in case of emergency: _____

Signature: _____ Date: _____