

OFFICE USE:

- Tech Admission by: _____
- Tech Triage by: _____
- Exam Completed by: _____
- Status of Patient: _____
- Owner called by: _____
- TGH _____ Discharge sheet completed _____

Daytime Admission Form

Owner's Name _____ Date _____
 Is address & phone number on medical record still correct? Yes No Changes: _____
 Pet's Name _____

Has pet been treated for same condition recently? Yes No
 Is your pet sick? Yes No **Major Complaint?** _____
How long ago? _____

Circle all that apply and note when the problem started?

- Any injury or accident in the past 30 days? What? _____
- Had any surgery in the past 30 days? What? _____
- Currently on any medications? What? _____
- Not eating? How Long? _____
- Vomiting? How Long? _____
- Diarrhea? How Long? _____
- Listless? How Long? _____
- Drinking more or less water than usual? How Long? _____
- Weakness? How Long? _____
- Coughing/Gagging? How Long? _____
- Sneezing? How Long? _____
- Gagging? How Long? _____
- Urinating more or less than usual? How Long? _____
- Scratching? How Long? _____
- Shaking head? How Long? _____
- Limping? Which leg? _____ How Long? _____
- Scotting? How Long? _____
- History of seizures? How Long? _____
- Unusual lumps or bumps? How Long? _____
- Bad breath? How Long? _____
- Weight Loss or gain? How Long? _____
- Behavioral changes? How Long? _____
- Did pet eat this morning? Yes No
- Anything else we need to know? _____

Note The Services Requested For Your Pet Today

- Vaccinations: All Needed
- Dogs: DHLPP FVRCP
 Bordetella Leukemia
 Rabies Rabies
 Lyme
- Cats: FVRCP
 Leukemia
 Rabies

- Tests and Services**
- Physical Exam (required w/ vaccines)
 - Internal Parasite Exam
 - Feline Leukemia Test
 - Heartworm/Lyme Test
 - X-ray
 - Ultrasound
 - Nail Trim

Some pets require sedation for adequate physical exam, treatment, surgery or dentistry.
 May we sedate your pet if necessary? Yes No Call first Please complete anesthesia form.
 After examination by the Doctor, may we proceed with tests and / or treatment? Yes No Call first

OWNER RELEASE :

You are to use all reasonable precaution against injury, escape, or death of my pet. The clinic and staff will NOT be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that ANY problem that develops with my pet while I'm absent will be treated as deemed best by the staff veterinarians and I ASSUME FULL RESPONSIBILITY for the treatment expense involved. If I neglect to pick up my pet within 5 days of the date below and do not notify you within that time frame you may assume that the pet is abandoned and I am hereby relinquishing ownership of the pet to your hospital.

 DATE OWNER/AGENT

You may contact me at the following numbers:

Best time to call:

	Home	Work	Cell
✓ Call FIRST: #	_____	_____	_____
✓ Call 2 nd : #	_____	_____	_____
✓ Call 3 rd : #	_____	_____	_____
✓ <input type="checkbox"/> I cannot be reached by phone...			

- If you cannot be reached by phone, it may be necessary for you to contact us. Office staff may request that you call:
 - every 15 min.
 - every 1/2 hr.
 - every hour