



Patient Admit Form

Pet's Name: _____

Owner's Name: _____

Owner's Phone: _____

What is your primary concern(s) today? (please list all concerns)

I authorize the veterinarian to perform the following relevant **tests** (check all that you authorize):

- Blood test for Heartworm Disease/Tick Born Diseases at an additional cost of \$40.00
- Basic bloodwork (CBC/Blood Chemistry) at an additional cost of \$130.00
- Urinalysis and Sedimentation at an additional cost of \$45.00
- Radiographs of the suspected problem area at an additional cost of \$145.00 + \$35.00 per additional

How would you describe your pet's **attitude**? (check all that apply)

- Anxious
- More excitable
- More mellow
- Grumpy
- Lethargic

What **symptoms** of illness or injury is your pet showing? (check all that apply)

- Weight loss
- Weight gain
- Coughing or wheezing
- Sneezing
- Difficulty breathing
- Shaking head
- Discharge from eyes
- Vomiting**: How often? _____
- Diarrhea**: How often? _____
 - o Choose one: Watery Pudding Consistency Somewhat Soft
- Loss of **appetite**
 - o When did your pet last eat, what was it, and how much?

- Problems with **urination** (check all that apply)
 - o Difficulty or straining to urinate
 - o Increased frequency of urination
 - o Urinating or defecating outside of litter box
 - How often? _____
 - Where? _____
 - o Blood in urine
 - o Dribbling urine

- Changes in **activity** (check all that apply)
 - Has gradually slowed down and become less active overall
 - Sudden decrease in activity
 - Limping
- Crying or wincing when moving or touched
- Seems **painful**
 - Location: _____
- Seizure-like behaviors
 - How often? _____
 - How long do they last? _____
- Hair loss
 - Location(s): _____
- New or change in a lump or mass
 - Location(s): _____
 - Describe changes: _____
 - When did you notice the change? _____
- Other** _____

- Difficulty (Check all that apply)
 - Rising
 - Jumping
 - Walking
 - Running
- Has stopped grooming themselves

- Scratching themselves
- Visible fleas, ticks, or lice

Have there been any significant **changes in the household**? (Check one) Yes No
 If so, what are they? _____

How long has the symptom(s) been occurring, or **when** did you first notice the problem?

Is the problem: (Check one) Worsening Remaining the same Showing improvement?

Please give any **additional information** that you can think the veterinarian or staff needs to know:

Signature of Owner:

Please be sure you have given a phone number where we can reach you today!