

DAY ADMIT QUESTIONNAIRE

(To be filled out prior to leaving patient in our care)

Though we are open seven days a week we are not a 24 hour care facility. There is a period of time overnight that your pet will be unattended.

OWNER: _____ PET'S NAME: _____ ACCOUNT #: _____

1) Vaccination History: Vaccinations current Require vaccinations Unknown

2) Reason for visit: _____

3) Please check any symptom or problems that you have noticed about your pet.

- Behavior Problems Scooting Eye Bulging or Bloodshot Weakness Lethargic
 Gagging Loss of Balance Bleeding Gums Sneezing Nose discharge Eye discharge Shaking head
 Breathing Problems Seems Depressed Weight Loss

Having seizures _____ times per Day/ Week/ Month Other _____

4) How Long has your pet displayed these problems or symptoms? _____

5) Scratching (where): _____ How Long? _____

6) Limping (which leg): _____ How Long? _____

7) Coughing (circle one): DRY CONGESTED HARSH
How frequent, duration, time of day? _____

8) Bowel movements: (check all that apply) Change in urine frequency:

<input type="checkbox"/> Diarrhea	<input type="checkbox"/> pudding like	<input type="checkbox"/> bloody	<input type="checkbox"/> No change in urine output
<input type="checkbox"/> Formed stool	<input type="checkbox"/> watery	<input type="checkbox"/> constipation	<input type="checkbox"/> Increased urine output
<input type="checkbox"/> Semi formed stool	<input type="checkbox"/> mucus		<input type="checkbox"/> Decreased urine output
<input type="checkbox"/> Difficulty defecating			

How frequent and how long has this been going on? _____

9) Vomiting (check one): FOOD WHITE FOAM YELLOW LIQUID
How frequent, duration of vomiting, time of day? _____

10) Any history of trauma, garbage, poison ingestion or change in diet YES _____ NO _____
If change of diet what were you feeding previously and what are you feeding now? _____

11) Pet's current medications. Please list all medications and the daily doses you are administering:

12) Describe your pet's diet:
 Dry food which brand? _____
 Canned food which brand? _____
 People food – what do you feed? _____

13) Check the boxes that describe your pet's appetite and drinking habits.

No change in water intake

Drinking less

Drinking more

Not drinking at all

Seems thirsty, but reluctant to drink

No change in appetite

Eating less

Eating more

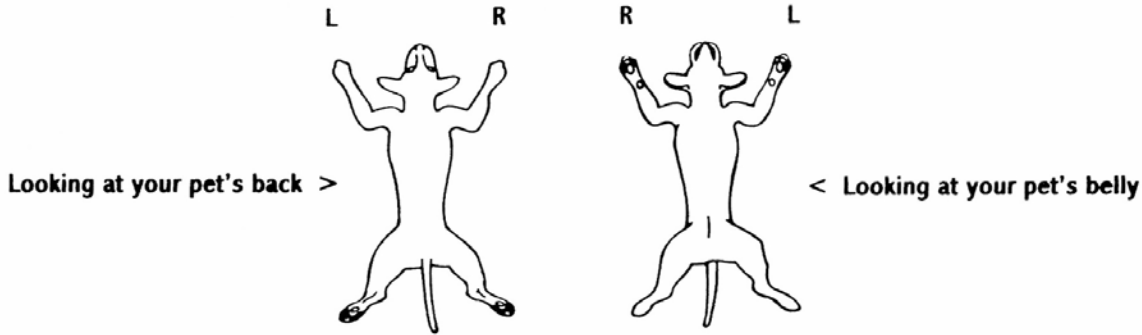
Not eating at all

Seems hungry, but reluctant to eat

14) Where does your pet spend his/her time? Only indoor Mainly indoor Mainly outdoor Equal time indoor/outdoor

15) Does your pet have any allergies to medications? Yes No Please list the medication(s): _____

16) If your pet has lumps, bumps, cuts, or sores that you wish to have us look at, please note the area on the animal body diagram.



17) Please list any other comments or questions you would like to be relayed to the doctor.

18) It is very important that the doctor is able to contact you if he/she has questions regarding your pet. Please leave the following Phone numbers and the time you can be reached at each number.

Home Phone: _____ Times _____

Work Phone: _____ Times _____

Cell Phone : _____ Times _____

19) Day admits are offered for your convenience. Your pet will be examined when the doctor's schedule allows. (Any critical Patients will be examined immediately). Pick up times cannot be guaranteed, but we will try our best to accommodate your schedule.

Preferred Pick-Up Time: _____ AM/PM

AUTHORIZATION

(Please read all statements carefully before signing.)

In order to quickly and efficiently diagnose your pet's condition, your pet may require blood tests, x-rays, and/or other diagnostic testing. I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit required for treatment.

I hereby authorize the doctors recommended diagnostic testing and treatment(s)

I do not authorize any diagnostic testing or treatment(s) until I have been contacted

(I understand this could delay my pet's workup and pick up time)

Signature of owner/agent: _____ Date: _____