



Date: \_\_\_\_\_ **Checked-in by:** \_\_\_\_\_

Owner: \_\_\_\_\_ Pet: \_\_\_\_\_

### Day Admission Sheet

Species:  Canine  Feline  Other \_\_\_\_\_

Food/Treats: \_\_\_\_\_

**An Outpatient or Hospitalization Admission fee will be applied to all pets that stay in the clinic.** This fee is for providing basic nursing care for these patients as well as cleaning and disinfecting the cage.

**Please read all questions carefully and answer all questions in bold.**

#### 1. Reason(s) for Visit:

\_\_\_\_\_

#### 2. Have you seen any of the following symptoms?

Y N

- a. **Gastrointestinal:**  Vomiting – food, fluid or blood and frequency: \_\_\_\_\_  
 Diarrhea – color, consistency and frequency: \_\_\_\_\_  Loss of appetite  
 Drooling  Eating unusual items  Scooting on rump  Worms in stool  Weight Loss/Gain
- b. **Respiratory/cardiac:**  Coughing  Sneezing  Weakness/fainting  Heavy or Difficult Breathing  
 Discharge from nose or eyes – color, amount: \_\_\_\_\_  
 Decreased activity – for how long? \_\_\_\_\_
- c. **Eyes:**  Right Eye  Left Eye  Both Eyes  Redness  Swelling  Tearing  Mucous  
 Excess blinking  Cloudiness
- d. **Ears:**  Right Ear  Left Ear  Both Ears  Odor  Discharge  Itching  Shaking head  Swelling  
 Rubbing head/face
- e. **Musculoskeletal:** Where is the pain located? \_\_\_\_\_ Is your pet limping? Y / N  
Which limb is affected and has it gotten worse or better since it started? \_\_\_\_\_  
Is it steady or off and on? \_\_\_\_\_ Is it worse with bad weather? Y / N  
 Bearing weight well  Bearing weight a little  Barely toe touching  Carrying leg
- f. **Changes in urination:**  Increased frequency  Decreased frequency  Abnormal locations  
 Abnormal odor or color  Larger than normal volume  Smaller than normal volume  
 Vocalizing while urinating
- g. **Skin problems:**  Itching/scratching – Location(s): \_\_\_\_\_  Chewing at feet/legs  
 Rubbing face on furniture/floor  Stained fur in any locations \_\_\_\_\_  
 Any tumors or growths  Old/New Location(s) \_\_\_\_\_  
 New problem  Repeat problem – from how long ago? \_\_\_\_\_  Continual problem  
Worse:  Indoors  Outdoors  Seasonally What season(s)? \_\_\_\_\_  
Any fabric sensitivities found? \_\_\_\_\_ Any known food sensitivities? \_\_\_\_\_

#### 3. How long ago did you first notice symptoms?

\_\_\_\_\_ If you have seen symptoms for more than one day, are they getting:  Worse  Better  About the same?

**Form Continues on the Back Side** 

4. **Is your pet having any other symptoms not covered in the previous section?** Please describe them.

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5. I understand that the doctor(s) will always try to recommend the best diagnostic route, tests and treatment for my pet. If I need to limit spending, I agree to inform the staff and doctors before tests are done. **I understand it is my responsibility, as the owner, to reach an agreement with the doctor(s) that I can handle financially.**

**Please read the following three options and choose ONLY ONE.**

- I want the doctor(s) to do an exam, determine the next diagnostic step and call me with recommendations.
- I want the doctor(s) to do an exam, start basic diagnostics; such as blood work, fecal tests or x-rays as appropriate, begin treatment, and then call me with their findings and further recommendations.
- Take whatever steps are necessary to diagnose and treat my pet.

**Signed** \_\_\_\_\_ **You can reach me at:** \_\_\_\_\_

**Date** \_\_\_\_\_