Pet Hospital

3411 E. Chapman Ave. Orange Ca. 92869 (714)7714 3261

DROP OFF ADMISSION PRINT FORM

Date:_____ Owner Name:_____

Pet Name:_____ Species:_____ Breed:_____ Sex:_____ DOB:
_____

The information you provide below will let us know the best way to help your pet and how to exceed your expectations. It is important to be as accurate and as thorough as possible.

Please leave 2 telephone number where you can be reached today: #1:_____

#2:_____

Your pet will receive a physical exam today ($66). We will call you to discuss our findings and recommendations. We will go over any further estimated costs for services/diagnostics.

What is the reason for today's visit?
_____

Did your pet eat this morning? ( ) Yes ( ) No **Time?** _____

Is your pet sick? ( ) Yes ( ) No Major Complaint?_____

Has your pet been treated for this condition before? ( ) Yes ( ) No If Yes, When?_____

Current Diet_____ # Feedings/day_____ Is he/she given table scraps? ( ) Yes ( ) No

Is your pet on heartworm preventative? ( ) Yes ( ) No **Flea/ Tick Preventative?** ( ) Yes ( ) No

Is your pet currently on any medications? ( ) Yes ( ) No

If Yes, Please list medication name, dose, how much you give, and how often.

Medication #1 _____ Need Refill? ( ) Yes ( ) No

Medication #2 _____ Need Refill? ( ) Yes ( ) No

Medication #3 _____ Need Refill? ( ) Yes ( ) No

Is your pet diabetic? ( )Yes ( ) No If yes, did they receive insulin this morning? ( ) Yes ( ) No

If yes, at what time?_____ Type?_____ How many units?_____

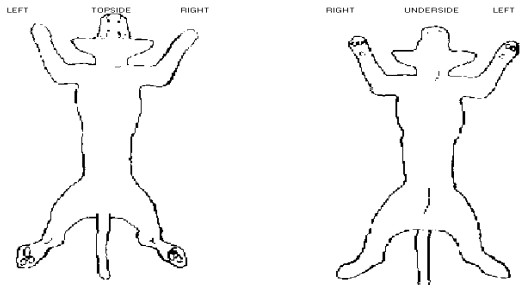
Is your pet scratching, shaking head or scooting? ( ) Yes ( ) No How Long?_____

Where?_____
_

All pets admitted in to Pet Hospital must be up to date on vaccines. If done elsewhere, we will need to have proof of vaccines. Is your pet current on all required vaccines?
( ) Yes ( ) No If no, please see reception.

How is your pet feeling?

Signs?	YES	NO	IF Yes, please circle relevant words/phrases
Change in appetite			Not eating at all / Decreased appetite / Will eat treats only Eating more than usual / Diet change___ days/months ago
Change in drinking			Drinking more / drinking less / Not drinking at all
Vomitting			White / Yellow / Pink / Food / Got into trash Recent diet change / History of hairballs/ History or eatting toys or string/ vomit more than 2x/month
Diarrhea			Watery / Blood tinged / bloody / mucous
Change in urination			Bloody / increased frequency / increased amount of urine Smaller amount of urine but more frequent/ Urinating out of box Straining/ Vocalizing/ Accidents at home/ Licking vulva/penis
Coughing or sneezing			Moist / dry / honking / occurs at night / occurs during day Seasonal
Lumps/Bumps Please note on the drawings lumps and bumps.			See Diagram below, and mark where these bumps/lumps are on your pet * please state when you first noticed these



Some diagnostic tests help us in detecting problems that are not found on a physical examination. We will contact you following your pet's physical examination and provide an estimate for recommended testing.

Additional services requested today:

( ) Ear Cleaning ( ) Nail Trim ( ) Vaccination Update ( ) Fecal ( ) Microchipping

( ) Anal Gland Expression ( ) Heartworm Test ( ) Other_____

I authorize Pet Hospital to perform the procedures as indicated above.

I understand the doctor or technician will contact me after my pet has been examined to discuss recommended tests, which may include x-rays and bloodwork along with a recommended treatment plan. I understand that the doctor will not proceed with any tests, or treament until I have given verbal or signed authorization to the recommendations and estimate given to me. I authorize the hospital staff, in an emergency situation, to perform any additional procedures necessary for the well-being of my pet until further communication with me. I understand that payment is due in full at the time of discharge. I understand that follow-up examinations and additional treatments are not covered in today's total. I understand that no guarantee for successful results is made.

Signature of Owner_____
Date:_____
Person signing must be 18 years of age or older

Office Use Only:
Admitted By: _____ Master Problem List: UTD?_____ Current on vaccines: YES NO Update Today

Called owner with estimate: Time?_____ L/M ( ) Spoke w/ Owner ( ) Anticipated P/U Time?_____