Drop-Off/Hospital Admission Form

Owner's Name _____
Pet's Name _____
Phone Number _____
What time would you prefer to pick up? _____
Reason for visit: _____

PLEASE CIRCLE ALL THAT APPLY

Energy Level:Increased /Normal /Decreased
Appetite:Increased /Normal/ Decreased
Weight: Loss/Stable /Gain
Water Consumption: Increased/ Normal /Decreased
Bowel Movements: Constipated/ Normal/ Soft/ Diarrhea:What is the appearance?:_____
Urination: Increased/ Normal/ Decreased/ Incontinence /Straining/Discolored Urine:What color?:_____
Excessive Hair Loss: Patchy/ Generalized. Where?_____

Vomiting	**Difficulty rising:**	**Scratching**
Coughing	*After Sleeping*	*Location:*
Sneezing	*After exercising*	**Lumps or bumps**
Gagging	*Climbing stairs*	*Location:*
Listless	**Stiffness**	**Discharge**
Signs of weakness	**Scooting on rear**	*Location/appearance:*
Lameness:	**Shaking head**	**Behavioral Changes**
Circle leg: RF LF RR LR	**Bad breath**	*Describe:*

When did you first notice this issue_____
Have you given your pet any medications today(List)_____
Is your pet allergic to any food/medication(List)_____
When was the last time your pet ate or drank anything_____

****<u>THERE WILL BE AN ADDITIONAL CHARGE FOR SEDATION, BLOODWORK, XRAYS, AND ANY OTHER TEST OR TREATMENT PERFORMED</u>****

I am the owner/agent for described animal, authorize, and request an exam for my pet. I understand that sedation and/or pain medication will be provided if deemed reasonable. I understand the doctor will contact me after she has examined my pet to discuss recommended diagnostics and treatment, and will have an initial estimate of charges. I can be reached at_____**If I cannot be reached at this number, I authorize initial diagnostics, including xrays and blood work if indicated for my pet. Further, if I cannot be reached, I authorize initial treatment, including fluid support and other supportive medications be started as indicated for my pet. I authorize anesthesia, surgery and medications if needed for abscess, laceration or other wounds, if my pet is presented for one of these problems (please fill out additional consent forms). I understand, and accept that when anesthesia is involved, there are always inherent risks, including death**. I understand payment is due when my pet is discharged, however, a deposit may be required after an estimate is prepared and discussed. I accept full financial responsibility for charges incurred for this pet. I understand that I will be charged for flea medication and a dose will be applied if evidence of fleas is found on my pet today.

_____

Signature of Owner/Agent Print Name Date

_____

Signature of Witness Print Name Date