

Day Admission for Treatment Questionnaire

Please provide the following information so we can be certain that we understand your pet's needs, it is very important for you to be as specific as possible. If we need additional information, we can reach you at the number you give us today. Thank you.

Name: _____ Date: _____

Address: _____

Phone Number(s): _____

Pet's Name: _____

Please describe the problem your pet is being seen for today: _____

Current diet _____ Number of feedings per day _____ How Much? _____

Treats? _____ Diet supplement given: _____

Is the pet currently on Heartworm Prevention: Yes _____ No _____

Interceptor _____ Heartgard _____ Filarabits _____ Revolution _____ Other _____ Date last given: _____

Flea/Tick Control? Yes _____ No _____

Advantage _____ Advantix _____ Frontline _____ Revolution _____ Other: _____ Date last given: _____

History: The more detail you can provide the better we are able to help your pet.

Any injury/accident/surgery in the past 30 days? Yes No What happened: _____

Currently on any medications? Yes _____ No _____ What: : _____ Last given: _____

Allergic to any medications? Yes _____ No _____ What: _____

Please mark yes or no whether each of the following conditions are present. Please note in the "other" column such things as: frequency, consistency, if the problem is associated with eating, drinking, exercise, rest, does it occur more in the daytime, night time any information that may be helpful.

Condition	Yes/No	How long has it been present ?	Any improvement ? Yes/No	What have you done to treat it at home?	Other –helpful information
Appetite	Y N		Y N		
Vomiting	Y N		Y N		
Diarrhea	Y N		Y N		
Bowel movement	Y N		Y N		
Drinking	Y N		Y N		
Urination	Y N		Y N		

Listless	Y	N		Y	N		
Weakness	Y	N		Y	N		
Coughing	Y	N		Y	N		
Sneezing	Y	N		Y	N		
Gagging	Y	N		Y	N		
Scratching	Y	N		Y	N		
Shaking head	Y	N		Y	N		
Limping	Y	N		Y	N		
Scotting	Y	N		Y	N		
Weight loss/gain	Y	N		Y	N		
Lumps or bumps	Y	N		Y	N		
Seizures	Y	N		Y	N		
Bad breath	Y	N		Y	N		
Discharge-where	Y	N		Y	N		
Behavioral changes	Y	N		Y	N		

I hereby certify that I am the owner of the named animal or am responsible for it and have the authority to execute this consent. _____

I hereby authorize the performance of the following procedure(s): _____

Please indicate if you would like any other services performed today:

Canine (Dog)	Accept	Decline	Feline (Cat)	Accept	Decline
Distemper parvo combo			Feline respiratory virus		
Kennel cough			Feline Leukemia		
Rabies			Rabies		
Heartworm test			Feline Leukemia and Infectious viremia test (cat AIDS)		
Internal parasite exam (Fecal)			Internal parasite exam (Fecal)		
Complete blood count and chemistry			Complete blood count and chemistry		
Urinalysis with ERD (early renal detection test)			Urinalysis with ERD (early renal detection test)		
Electrocardiogram (ECG)			Electrocardiogram (ECG)		
Complete deworming			Complete deworming		
Nail trim			Nail trim		
Ear cleaning			Ear cleaning		
Anal glands					
Anything the doctor recommends			Anything the doctor recommends		

Some pets require sedation for adequate physical exam and/or treatments.

May we sedate your pet if necessary? Yes _____ No _____ Call First _____

If NO and we need to sedate to exam the pet then no treatment will be done.

After examination by the Doctor, may we proceed with tests and/or treatments?

Yes_____ Not to exceed (\$ _____) Call First_____

Comments:_____

Call the office by 2:00 pm to check on progress if we have not contacted you.