

Name: _____

Weight: _____



Admission Information and Authorization to Treat

What are we seeing your pet for today?

When did the problem start? _____

What medications is your pet currently taking? _____

If your pet is a feline, does he/she go outside? Yes/No

Is your pet vomiting? Yes/No. If yes, please answer the following questions:

- When did the vomiting start? _____
- Describe the vomit _____
- What is the frequency of the vomiting? _____
- Does your dog eat things that it shouldn't (socks, toys, trash, etc.)? _____

Is your pet producing normal stools? Yes/No. If yes, please answer the following questions:

- Is your pet straining to defecate? Yes/No
- When did you first notice the abnormal stool? _____

Is your pet urinating normally? Yes/No. If yes, please answer the following questions:

- Is your pet urinating in the house/outside the litter box? Yes/No
- Is your pet experiencing an increased frequency in urinations? Yes/No

Describe your pet's diet _____

- Any changes in appetite? _____
- Any recent changes in diet? _____

Has your pet lost/gained weight recently? Yes/No. If yes, was the weight gain/loss rapid/slow?

Has your pet been to a kennel, daycare, or groomer recently? Yes/No. If yes, when? _____

Is your pet experiencing any lameness/limping? Yes/No. If yes, please answer the following:

- What caused the lameness? _____
- Which leg is your pet limping on? _____
- When did the lameness begin? _____

- Is the lameness improving with time? _____
- Is your pet able to bear weight? _____

Does your pet have any current skin issues? Yes/No. If yes, please answer the following questions:

- Is your pet itchy? Yes/No.
 - Where is he/she itchy at? _____
 - Is your pet itchy year round or seasonally? _____
 - On a scale of 1-10, how itchy is your pet? _____
- Have you noticed any hair loss? Yes/No. If yes, where? _____

Is your pet on a flea/tick preventative? Yes/No. Name of product: _____

- When was the last time you gave/applied this product? _____

Does your pet have any growths/lumps? Yes/No. If yes, where? _____

- When did you first notice the growth(s)? _____
- Has this growth(s) changed recently? _____

Is your pet experiencing any sneezing, coughing, nasal or eye discharge? Circle all that apply.

- If discharge is present, please describe. _____
- When did this start? _____

Is your pet experiencing any difficulty exercising or seeming less active? Yes/No

Has your pet exhibited any attitude or behavior changes? Yes/No

- If yes, explain. _____

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I consent and authorize Bexley Animal Hospital, staff, and doctors to perform the following procedures: _____

I understand that with any medical procedures, there are risks involved and I accept these risks. I further understand that no guarantee of successful treatment has been made. I assume full financial responsibility for all charges related to the treatment of: _____

Emergency telephone number where I may be reached: _____

If an emergency situation develops and I cannot be reached at the above telephone number, I authorize Bexley Animal Hospital to continue treatment of my pet. Please initial:

Print Name: _____ Signature: _____

Date: _____