



Medicine, Surgery, And Rehabilitation Clinic P.A.

Day Admission Form Medical Concern

Patient Name: _____

Owner: _____ Preferred Contact Number: _____

Secondary Contact: _____ Secondary Contact Number: _____

Preferred method of contact: text phone call

Medical History

Current Diet and Time of Last Meal: _____

Stools: Normal Abnormal Describe: _____

Urinary Habits: Normal Abnormal Describe: _____

Energy Level: Normal Abnormal Describe: _____

Water Intake: Normal Increased Decreased

Food Intake: Normal Increased Decreased Time of last meal: _____

Current medications & Time of Last Dose: (include over-the-counter, flea, tick and heartworm meds)

Describe today's concern in detail and answer the questions pertaining to your pet's clinical signs listed in the boxes below. _____

VOMITING / DIARRHEA

Has your pet been vomiting? Yes No How Long? _____ How Often?: _____

Color: _____ Substance: _____ Last Vomit: _____

Is it possible your pet ate something other than his/her regular food? Yes No

Describe: _____ The vomiting is: getting better getting worse about the same

Does your pet have diarrhea? Yes No How Long? _____ How Often? _____

Consistency (circle one): SOFT / LOOSE / LIQUID Bloody? Yes No

The diarrhea is: getting better getting worse about the same

COUGHING / SNEEZING / EYE DISCHARGE / EAR INFECTION

Has your pet been coughing? Yes No How Long? _____ How Often?: _____

Describe cough: _____

Has your pet been sneezing? Yes No How Long? _____ How Often?: _____

Any discharge from the nose? Yes No Describe color/consistency: _____

Any eye discharge? Yes No Which eye? RIGHT / LEFT / BOTH

Describe: _____

Any ear pain? Yes No Which ear? RIGHT / LEFT / BOTH

Describe: _____

LIMPING / PAIN / SKIN ISSUES

Date of Onset: _____ Which body part is affected? _____

Is this due to a specific incident **Yes** **No** Describe: _____

Has your pet been treated for this problem in the past? **Yes** **No** Describe: _____

The lameness/pain: getting better getting worse about the same

Is your pet itching/scratching? **Yes** **No** Describe: _____

Currently on flea/tick prevention? **Yes** **No** What brand? _____

Any new lumps or bumps that are concerning? **Yes** **No**

Using the diagram below, please circle the body part that seems to be the problem.

Place an X on the diagram at the location of any lumps that you want checked/biopsied.

(Belly facing up)

(Back facing up)



Additional Authorizations

During the day it is important that our veterinary staff is able to reach the person responsible for making decisions for your pet today. Please choose **one option** to help us efficiently care for your pet in a timely manner.

Perform whatever medical procedures the doctor deems necessary for the best care of my pet.

I authorize up to \$100 \$250 Other \$_____ in additional procedures

Do not perform any additional procedures other than listed without specific authorization.

I give my permission for All Pets to examine my pet today and perform any emergency procedures necessary to stabilize my pet in the case of an emergency.

*****If you DO NOT want us to perform life-saving measures before authorization, please initial:** _____

I understand that if my pet is found to have fleas they will be treated at my expense. _____

Signature: _____ Date: _____

Staff use only

Staff Initials: _____ Patient weight: _____ Kennel number: _____ Scheduled D/A Time: _____
