

PATIENT ADMISSION FORM

Patient: _____
Please Print

Owner: _____
Please Print

As a service to our clients, we welcome "admission" of pets that need examination or treatment. However, to help us do a thorough job, we need the following information:

Telephone number(s) where you can be reached today and the best time to call:

Entering complaint (why are we examining or treating your pet?):

How long has this been going on? _____

Has your pet eaten within the last 12 hours? ___ Yes ___ No

Is your pet currently taking any medications? ___ Yes ___ No (If yes please list)

Has there been any change in your pets appetite? ___ Yes ___ No (If yes please explain)

Has there been any change in your pets water intake? ___ Yes ___ No? (If yes please explain)

Has there been any change in your pets urination? ___ Increased ___ Decreased ___ No Change

Has your pet had any vomiting or diarrhea? ___ Yes ___ No (If yes please explain)

Has your pet been coughing or sneezing? ___ Yes ___ No (If yes please explain)

Has your pet been itching or scratching? ___ Yes ___ No (If yes please explain)

Any additional comments or concerns?

In addition to physical examination, we must sometimes perform tests or other procedures to achieve an accurate diagnosis. We will do our best to contact you at the above number(s) you have provided if any of these additional tests or procedures are recommended, and provide you with an estimate of cost for these procedures. Admissions are seen at our earliest convenience throughout or daily hospital schedule. Our goal is to give your pet the best medical care available.

I give the doctors and staff at Skaer Veterinary Clinic permission to examine my pet, and I understand that I am responsible for payment of service at the time of my pets dismissal.

Pet Owner/Agent: _____

Date: ___ / ___ / ___