

COMPREHENSIVE ADMISSION FORM

This form is available to download on our website www.elliottbayah.com

Owner's Name _____ Pet's Name _____

Phone numbers (1st) _____ (2nd) _____

E-mail (optional) _____

Primary reason your pet is here? _____ When did you first notice the problem? _____

Does your pet have a microchip?..... Yes No

Has your pet eaten this morning?..... Yes No

In the event your pet will need to stay overnight, what do you feed your pet and how much? _____

Is your pet on any medications?..... Yes No If so, please indicate the medication /dosage / when last given _____

Any changes in medication?..... Yes No

Does your pet need a prescription refill today?.... Yes No Please specify _____

Any changes in diet?..... Yes No

Changes in behavior?..... Yes No

Any chance of ingestion of foreign/toxic substance?.. Yes No Please specify _____

Any exposure to environmental stress? Yes No (moving, separation, new pet to household, etc.)

Limping? Increased stiffness..... Yes No Which leg? _____

Increased / Decreased thirst? Appetite? Yes No How long? _____

Sudden weight change?..... Yes No Increased? _____ Decreased? _____

Lethargy? Depression? Yes No How long? _____

Ear, Nasal, Eye Discharge..... Yes No Which ear/eye? _____ color? _____

Vomiting?..... Yes No How long? _____ How frequent? _____

Diarrhea?..... Yes No How long? _____ How frequent? _____

Constipation?..... Yes No How long? _____

Change in stool consistency? Frequency?..... Yes No Please specify _____

Change in urine color? Frequency?..... Yes No Please specify _____

Straining to urinate?..... Yes No Please specify _____

Coughing? Sneezing? Yes No How long? _____ When? _____

Difficulty breathing? Yes No

New lumps? Bumps? Yes No

Itching, scratching, chewing of the skin? Yes No **Please show a staff member**
Please specify _____

Change in skin? Hair coat?..... Yes No Please specify _____

Shaking of head?..... Yes No Please specify _____

Do we have permission to:

Draw blood for lab testing? Yes No

Take X-Rays if needed? Yes No

Give anesthesia if needed?..... Yes No

Has your pet eaten today?..... Yes No

Have you received an estimate for services? Yes No

If not, a staff member must be able to reach you with an estimated cost prior to treatment.

In the event of an emergency, it is expressly understood that the hospital and authorized personnel shall have authority and permission to prescribe for, treat and/or perform surgery upon the described animal. *Should your pet require care from a Veterinary Specialist or Emergency Hospital, we will provide them with your current address and phone number (s).*

To prevent the spread of infectious diseases and parasites, hospitalized animals must be current on all vaccines and be free of external and internal parasites. I hereby authorize Elliott Bay Animal Hospital to provide the vaccines and parasite control when needed.

SIGNATURE _____ DATE: _____

Thank you for allowing us to care for your pet!