



# DROP OFF ADMISSION FORM

Client \_\_\_\_\_ Pet Name \_\_\_\_\_ Phone: (1st) \_\_\_\_\_

(2nd) \_\_\_\_\_ E-mail (optional) \_\_\_\_\_

My pet is here for: \_\_\_\_\_

Please describe health concern in detail (inc. symptoms, when it started, how it progressed, etc.):

\_\_\_\_\_

What do you feed your pet (include brand name, protein source, amount and feeding schedule):

What medications is your pet on (include dose, route, and frequency you are administering at home):

Prescription medications: \_\_\_\_\_

Supplements: \_\_\_\_\_

What parasite/flea preventative is your pet currently receiving: \_\_\_\_\_

Any known allergies or previous allergic reactions: \_\_\_\_\_

Has your pet's water intake increased or decreased?  NO  YES—please describe: \_\_\_\_\_

Has your pet's appetite increased or decreased?  NO  YES—please describe: \_\_\_\_\_

Is your pet having normal bowel movements?  NO  YES—please describe: \_\_\_\_\_

Has your pet's urination habits changed?  NO  YES—please describe: \_\_\_\_\_

Is your pet sneezing or coughing?  NO  YES—please describe: \_\_\_\_\_

Is your pet urinating normally?  NO  YES—please describe: \_\_\_\_\_

Is there any change in your pet's activity level?  NO  YES—please describe: \_\_\_\_\_

Is there any sign of pain or discomfort?  NO  YES—please describe: \_\_\_\_\_

Has your pet been experiencing any weight loss or gain?  NO  YES—please describe: \_\_\_\_\_

Any other specific concern for your pet: \_\_\_\_\_

Has your pet eaten today:  NO  YES—what time: \_\_\_\_\_

Has your pet had medications today:  NO  YES—please indicate below:

Medication, dosage & time: \_\_\_\_\_ Medication, dosage & time: \_\_\_\_\_

Medication, dosage & time: \_\_\_\_\_ Medication, dosage & time: \_\_\_\_\_

Will your pet need medications while here today:  NO  YES—please indicate below:

Do we have permission to:

Draw blood for lab testing:  YES  NO Take X-Rays if needed:  YES  NO

Collect urine for lab testing:  YES  NO Give anesthesia if needed:  YES  NO

Additional services requested (nail trim, anal gland expression, etc.): \_\_\_\_\_

Does your pet need a prescription refill today?  NO  Yes—Please specify: \_\_\_\_\_

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

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_