

Bent Tree Animal Hospital, P.A.
Hospital Admission Form

Phone 972-862-7629

Fax 972-862-3160



Client's Name _____ Patient's Name _____

Reason for visit _____ Date when symptoms started? _____

Is your pet:

- | | | |
|---|--|--|
| <input type="checkbox"/> Eating normally | <input type="checkbox"/> Not Eating | <input type="checkbox"/> Eating ravenously |
| <input type="checkbox"/> Breathing Difficulties | <input type="checkbox"/> Gagging | <input type="checkbox"/> Coughing |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Diarrhea w/blood | <input type="checkbox"/> BM Straining |
| <input type="checkbox"/> Lethargic | <input type="checkbox"/> Seizures | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Straining to urinate | <input type="checkbox"/> Urinating Blood | <input type="checkbox"/> Scooting |
| <input type="checkbox"/> Shaking Head | <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Weight Gain |
| <input type="checkbox"/> Limping-which leg? | <input type="checkbox"/> Right Front <input type="checkbox"/> Left Front | <input type="checkbox"/> Right Rear <input type="checkbox"/> Left Rear |
| <input type="checkbox"/> Indoor Pet | <input type="checkbox"/> Outdoor Pet | <input type="checkbox"/> Both Indoor/Outdoor Pet |

Please give us any information about your pet that can assist us:

What brand do you feed your pet and how much? _____

Is your pet on heartworm preventative? _____ Yes _____ No Which one? _____

When and where did your pet have their last vaccines? _____

Any previous medical conditions? _____

Is your pet on any medications or supplements? _____

I authorize the Dr. to spend up to \$_____ in diagnostic tests above and beyond the \$50.00 comprehensive examination and prior to contacting me. (Basic Diagnostic Blood tests, i.e. CBC & profile or xrays start at \$186.00)

This does not include any treatment or medications.

There is a daily ward care fee of \$10.50 for admission appointments.

Phone number where you can be reached: Phone # 1: _____

Phone # 2: _____ Phone # 3: _____

If we cannot reach you, do you want us to proceed with treatment? ___ Yes ___ No

I agree that I am the owner/agent of this pet and allow the doctor(s) at Bent Tree Animal Hospital, PA treat my pet. Furthermore, I agree to pay for all charges that are incurred and I understand full payment is required at discharge.

Owner's/Agent Signature _____ Date _____