

# Patient Admission Sheet



Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Pet Name: \_\_\_\_\_ Your Name: \_\_\_\_\_

Where can we reach you today? (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

What time will you be picking up your pet today? \_\_\_\_\_

<p><b>OFFICE USE ONLY</b></p> <p>Initials: _____</p> <p>Weight: _____</p>
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Medications your pet has received in the last 24hrs:

<p>List: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Do you need any refills on medications? Y  N

<p>List: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Has your pet eaten today? Y  N

Do you need to speak with the doctor before treatment today? Y  N

<p><b>Appetite:</b></p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Increased</p> <p><input type="checkbox"/> Decreased</p> <p><input type="checkbox"/> None</p>	<p><b>Drinking:</b></p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Increased</p> <p><input type="checkbox"/> Decreased</p> <p><input type="checkbox"/> None</p>	<p><b>Energy:</b></p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Increased</p> <p><input type="checkbox"/> Decreased/Lethargic</p> <p><input type="checkbox"/> Restless</p>
<p><b>Urination:</b></p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Increased</p> <p><input type="checkbox"/> Decreased</p> <p><input type="checkbox"/> Accidents/Leaking</p> <p><input type="checkbox"/> Red/Bloody</p>	<p><b>Stools:</b></p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Frequent</p> <p><input type="checkbox"/> Decreased</p> <p><input type="checkbox"/> Soft</p> <p><input type="checkbox"/> Watery</p>	<p><b>Vomiting:</b></p> <p><input type="checkbox"/> Bloody</p> <p><input type="checkbox"/> Black/Tarry</p> <p><input type="checkbox"/> Mucous</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Occasional</p> <p><input type="checkbox"/> Frequent</p>

Concerns for the doctor:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Ultrasound Patients (initial):** Please understand that a close shave is required in order to get the most accurate image of the body cavity. Feel free to ask us if you have any questions. Thank you for your understanding.