

ORCHARD VIEW *Veterinary Center*

Hospital Admissions Form

Client: _____ Phone number (home/cell/work): _____
Patient: _____

Current Diet, how much, how often: _____
Current Medications/Supplements/Flea Control/OTC Products (name, amount and last given):

Please read through the following questions, answer any that may apply to your pet, and sign the authorization on the bottom.

Everything was okay with my pet until: _____ (Date) _____ am/pm. Since then,

Is your pet lethargic? Yes/No If so, please describe:

Water intake has: a) decreased ___ b) increased ___ c) unchanged ___
Urination has: a) decreased ___ b) increased ___ c) unchanged ___

My pet has not eaten since: _____ (Date) _____ am/pm.
Food they last ate: _____ How much? _____

My pet started vomiting on: _____ (Date) _____ am/pm.
What color/substance/consistency: _____

My pet last vomited: _____ (Date) _____ am/pm.

My pet has abnormal stools: _____

What color/consistency: _____

Has your pet had access to foods/treats other than his/her regular food? Yes/No If so, what?

My pet is lame/limping ____, or sore ____, or has been injured ____. Which leg or body part do you think is bothering him/her? _____

Does your pet have access to household cleaners, chemicals, insecticides or pesticides, fertilizer, etc.? _____

Describe your pet's normal environment (indoor/outdoor/hiking/camping/hunting/boarding/grooming/showing, etc.):

Please write additional information, concerns or requests on reverse side.

Please note: Animals must be flea free and up-to-date on vaccinations. An estimate will be reviewed with you. Payment is due at time of service. You may be required to make a deposit. If you have any financial concerns, please address them prior to admitting your pet(s).

Signature: _____ Date: _____

