



Admission Form

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

Client Information

Name: (Mr/Mrs/Ms/Dr) \_\_\_\_\_ Seasonal? Yes No
Address: \_\_\_\_\_ Driver's lic# \_\_\_\_\_
City/State/Zip \_\_\_\_\_
Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_
Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Patient information

Dog / Cat / Other \_\_\_\_\_
Pet's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Breed \_\_\_\_\_
Sex: M / F spayed/neutered (please circle) Weight(lbs) \_\_\_\_\_
Reason for visit: \_\_\_\_\_

Current medications (include dosage and frequency): \_\_\_\_\_

Type of heartworm prevention: \_\_\_\_\_ Any missed doses? Yes No

Diet (including treats): \_\_\_\_\_

Does your pet have any of the following symptoms? If yes, please note duration.

decreased energy: Yes No \_\_\_\_\_
difficulty breathing: Yes No \_\_\_\_\_
coughing: Yes No \_\_\_\_\_ with excitement or resting: (circle)
swollen belly: Yes No \_\_\_\_\_
collapse: Yes No \_\_\_\_\_ with excitement: Yes No
time for recovery: \_\_\_\_\_ loss of bladder/bowel: Yes No
loss of appetite: Yes No \_\_\_\_\_ vomiting or diarrhea: Yes No
other symptoms: \_\_\_\_\_

Veterinarian information:

Regular veterinarian \_\_\_\_\_ Hospital \_\_\_\_\_
is this who referred you here? Yes No

Date/location of: last chest x-rays: \_\_\_\_\_ last bloodwork: \_\_\_\_\_

Specific concerns you would like addressed today: \_\_\_\_\_

Your animal will have a small amount of hair shaved if an echocardiogram is performed.
Notify a technician if this is not acceptable to you.

Payment policy: All fees for professional services are due at the time services are rendered. For patients
requiring in-hospital or emergency care, a 50% deposit is required with the balance due at discharge.