



Patient Day Admission Information

Client: _____ Pet: _____ Date: _____

Phone Number Where I Can Be Reached Today: _____

We have arranged for you to leave your pet here to allow our doctors and staff to examine and treat your pet as soon as possible today. Please understand that patients will be triaged on admittance and that non-urgent conditions may have to wait until midday to be fully addressed by the doctor. Please read through the following questions and answer any that may apply to your pet today. The more thorough and accurate YOU are the better WE can take care of your pet.

Everything was okay with my pet until _____. Since then,

My pet is **LETHARGIC**: Yes No

WATER INTAKE has decreased _____ increased _____ is unchanged _____

My pet has not **EATEN** since _____

I last offered _____ to my pet. When? _____ My pet did did not eat it

I normally feed my pet _____

My pet gets these treats or other snacks _____

Has your pet had access to foods other than his/her normal pet food? Yes No

If yes, what? _____

My pet has been known to get into the trash- Yes No Likes to chew things outside- Yes No

My pet is a toy "killer"- Yes No

My pet started **VOMITING** Yes No when? _____

What color? _____

Any substance? _____

My pet last vomited _____

My pet's **STOOL** is normal Yes No

My pet seems constipated Yes No

My pet has diarrhea

It started: _____

Consistency: _____

The diarrhea is urgent (have to go right "now") Yes No

The frequency of diarrhea is _____

My pet is **URINATING** normally _____ more often _____ less often _____

My pet is having accidents in the house Yes No

I see blood in my pet's urine Yes No

My pet is straining to urinate Yes No

My pet is **COUGHING** gagging . It is worse. How? _____

Is there anything produced? Yes No if so, what _____

My pet is **SNEEZING** Yes No

There is discharge from his/hers eyes _____ nose _____

My pet's **EAR(S)** smell bad _____ have a discharge _____ are painful _____

My pet is shaking its head Yes No

This is new _____ has recently happened _____, or is a long term (chronic) problem

My pet's **EYE(S)** _____

This is new _____ has recently happened _____, or is a long term (chronic) problem

My pet is **LAME** _____ or sore _____, or has been injured _____

I did did not see my pet get injured

It has worsened _____ remained the same _____ or improved some _____

This has never occurred before ____. Has recently happened _____, or is a long term (chronic) problem _____

My pet's **SKIN** is itchy _____ is red _____ smells bad _____

This is new _____ has recently happened _____, or is a long term (chronic) problem _____

My pet has **LUMP(S)** or mass(es) that I am concerned about Yes No

I first noticed it _____

It has changed by _____ slowly/ recently

The masses or lumps are marked on the diagram below

My pet is on _____ as a **Heartworm** Preventative

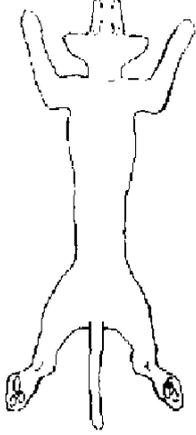
My pet is on _____ as a **Flea and Tick** Preventative

To try to help my pet I have done... (please include any over the counter medications, prescription medications, and any other treatments you have tried so far)

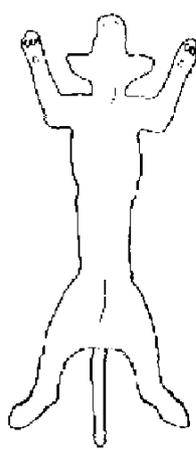
The problem has worsened _____, remained the same _____, or improved some _____

Please mark the area on the diagram that you think is the problem. Add any comments to the right.

LEFT TOPSIDE RIGHT



RIGHT UNDERSIDE LEFT



TOTAL NUMBER OF GROWTHS/LUMPS _____