
Patient Admittance Sheet

Owner name: _____ Patient Name: _____

Dropped off by: _____

Best contact number 1) _____ 2) _____

Is there a time today that you will not be available? _____

Reason for patient visit and what symptoms is your pet experiencing? _____

When did symptoms start? _____

When did your pet eat last? _____ How much did your pet eat? _____

What do you feed your pet? _____

When did your pet last drink? _____ How much? _____

Does your pet take any medications? _____ If yes, what medications? _____

When did you last give your pet medication? _____

Any other comments or concerns? _____

After initial evaluation by a veterinarian, you will be called with the exam findings and to discuss a treatment plan. To provide the best care possible for your pet, we may need to perform diagnostic blood work, administer fluids, take x-rays, or administer medications. We will only offer these procedures if we feel it is absolutely necessary for diagnostics purposes or the comfort and health of your pet.

_____ If I cannot be reached, I give permission for diagnostics and treatment if necessary up to \$ _____

_____ I do not want any additional diagnostics or treatments performed without verbal consent. I understand that no additional treatments will be given except in life threatening situations.

It is our desire to keep you fully informed about your pet's status, therefore; it is very helpful that you be available by telephone.

Owner Signature _____ Date _____