Sick Animal Admission Form

Date_____ Reviewed by (staff member) _____

Owner_____

Pet_____ Age_____ Breed_____

All animals must be current on **ALL** vaccinations in order to stay at our facility.

The information requested below will tell us the things you want us to do for your pet today. It is the only way we can be certain that we understand what you want. Therefore, it is very important for you to be as specific as possible. If we need additional information, we will try to reach you at the phone number you've left today.

What medications is your pet currently taking and when was the last time they were administered?

_____

Does he/she have a loss of energy? ( ) Yes ( ) No If yes how long?_____
Is he/she vomiting? ( ) Yes ( ) No Describe _____
Does he/she have loose stools? ( ) Yes ( ) No if yes how often_____
When urinating is he/she:
Straining to go? ( ) Yes ( ) No if yes how often_____
Going in odd places on the floor? ( ) Yes ( ) No If yes how often_____
Spending a lot of time in the litter box or needing to be let out often? ( ) Yes ( ) No
Is the urine discolored or have a pink tint to it? ( ) Yes ( ) No_____
Is he/she eating? ( ) Normal ( ) Less than normal ( ) Very little ( ) None
What diet is he/she eating?_____
_____
Did you feed him/her anything unusual or did he/she get into something? _____
_____
Describe any symptoms or odd behavior that you feel may be relevant in diagnosing your pet. ___
_____
_____
Would you like us to run bloodwork to better diagnose your pet?
The cost is $157.28. ( ) YES ( ) NO

<<<<<<<<<<< **Medical Release** >>>>>>>>>>>>

I release Brown Animal Clinic from the loss or expense these actions might incur upon me, provided said actions are necessary to preserve the life of your pet.

I understand any problem that develops with your pet while I'm absent will be treated as deemed best by the staff veterinarian and I assume full responsibility for the treatment expense involved. If you any further questions please ask.

Signature_____
Phone number where you can be reached today: _____

DO NOT EDIT OR ALTER THIS DOCUMENT FORM FROM ITS ORIGINAL FORMAT!