DAY ADMIT INFORMATION SHEET

You will be leaving your pet at All Pets Veterinary Hospital. One of our doctors will examine your pet as soon as time is available, it may be after 2pm. If this is an urgent case please notify the front desk team member so they can inform the medical staff.

To provide better care for your pet, please take the time to describe the problem(s), including how long the problem has been present.

CHECK OFF THE QUESTIONS THAT PERTAIN TO YOUR PET’S PROBLEM

MANAGEMENT:  
- Indoor  
- Outdoor  
- Indoor/Outdoor  
- Direct contact with other animals

APPETITE:  
- Normal  
- Increased  
- Decreased

WHEN did your pet last eat and WHAT is the diet

WEIGHT:  
- Normal  
- Increased  
- Decreased

WATER INTAKE:  
- Normal  
- Increased  
- Decreased

URINATION:  
- Normal  
- Increased  
- Decreased

STOOLS:  
- Normal  
- Increased  
- Decreased

ACTIVITY:  
- Normal  
- Increased  
- Decreased

VOMITING:
- No  
- Yes  
- If yes, how often?  
- Daily  
- Weekly  
- Monthly  
- Once a week  
- 1-2x’s/mos  
- > Monthly
- Duration?

DIARRHEA:
- No  
- Yes  
- If yes, how often?  
- Daily  
- Weekly  
- Monthly  
- Once a week  
- 1-2x’s/mos  
- > Monthly
- Duration?

COUGHING/SNEEZING:
- No  
- Yes  
- If yes, how often?  
- Daily  
- Weekly  
- Monthly  
- Once a week  
- 1-2x’s/mos  
- > Monthly
- Duration?

BAD BREATH/DROOLING:
- No  
- Yes  
- If yes, how often?  
- Daily  
- Weekly  
- Monthly  
- Once a week  
- 1-2x’s/mos  
- > Monthly
- Duration?

LIMPING:
- No  
- Yes  
- Which leg?  
- Front Rt  
- Front Lt  
- Back Rt  
- Back Lt  
- If yes, Duration?

MEDICATION(S):
- No  
- Yes  
- What and when last given

FLEA CONTROL:
- No  
- Yes  
- What and when last given

SKIN CHANGES:
- No  
- Yes  
- Describe the change and duration

SKIN GROWTH:
- No  
- Yes  
- Mark location on picture

I authorize and request an examination for my pet. I understand an All Pet’s doctor or team member will contact me after my pet has been examined. IT IS OF UTMOST IMPORTANCE THAT WE HAVE A PHONE NUMBER WHERE YOU CAN BE REACHED TODAY. THAT NUMBER(S) IS

If the hospital staff calls and cannot reach me by phone I authorize:

- Initial diagnostics, including blood work and radiographs, if indicated for my pet.
- Initial treatment, including fluid support, pain management and other supportive medications, if indicated for my pet.
- Anesthesia, surgery and medications if needed for an abscess, laceration or wound repair. I understand and accept that when anesthesia is involved there is always an inherent risk, including death.
- Do not perform any procedure without contacting and giving an estimate.
- I understand payment is due when my pet is discharged and accept financial responsibility for charges incurred for my pet.

Signature: ___________________________ Date: ___________________________