

HOSPITAL ADMISSION FORM

CLIENT NAME: _____ PATIENT NAME: _____ DATE: _____

Items left: LEASH COLLAR CARRIER OTHER: _____

I authorize Park Veterinary Hospital to examine my pet and/or provide the following services:

DAP (canine distemper-parvo)	STRATEGIC DEWORMING	SEDATION
BORDETELLA (kennel cough)	FELINE LEUKEMIA/AIDS TEST	WOUND CARE
LEPTOSPIROSIS	BLOOD PRESSURE	HOSPITALIZATION
LYME	EAR CYTOLOGY	CATHETER & FLUIDS
RABIES (species appropriate)	FINE NEEDLE ASPIRATION	MEDICATIONS PER DVM
FCVRP (feline distemper)	RADIOGRAPHS (x-rays)	EAR CLEANING
FeLV (feline leukemia)	URINALYSIS	PEDICURE
HEARTWORM TEST	ULTRASOUND	EXPRESS ANAL GLANDS
INTESTINAL PARASITE TEST	LASER THERAPY	BATH
WELLNESS BLOODWORK	OTHER:	GROOM:

****SIGN** here to authorize **SEDATION (if needed) WITHOUT** contacting you. _____

MEDICAL HISTORY - please COMPLETE these questions regarding _____

1. What do you **feed** your pet, how much, and how often? _____

2. What percentage of the day does your **Cat** spend outdoors? _____%

3. Have you noted any **symptoms? (please note duration, frequency, and other details)**

Coughing	Sneezing	Describe: _____
Vomiting	Diarrhea	Describe: _____
Changes in Urination		Describe: _____
Changes in Eating/Drinking		Describe: _____
Change in Activity level		Describe: _____
Other symptoms or concerns: _____		
No concerning symptoms		

4. Please indicate all medications/supplements and monthly preventatives you give to _____

Heartworm Prevention: Unknown Trifexis Interceptor Heartgard Revolution Other: _____

Flea/Tick Prevention: Unknown Simparica NexGard Vectra3D Other: _____

Refills needed? Y N Which products and how much? _____

CONTACT INFORMATION: Please contact me after exam and authorized services: Y N

If I cannot be reached: _____ - I authorize testing and/or treatments up to a total of \$_____.

_____ - Do not perform further services until I can be reached. Best times to reach you: _____

I would like to pick up my pet at (date/time): _____ and understand that payment is due at time of service.

Would you prefer: Call Text Email: _____

I, _____ can be reached at _____ OR _____

or, _____ can be reached at _____ OR _____

PRINT NAME: _____ SIGNATURE: _____

Checked-in by: _____ Time: _____