



# AMERICAN VETERINARY HOSPITAL

## ADMITTING FORM

Client Name \_\_\_\_\_ Pet Name \_\_\_\_\_

Phone # (Where we can reach you): \_\_\_\_\_

E-mail \_\_\_\_\_

Preferred method of contact \_\_\_\_\_

Briefly describe your pets condition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your pet have any vomiting or diarrhea? (If yes please describe): \_\_\_\_\_

\_\_\_\_\_

What is the length of your pets present condition? \_\_\_\_\_

Is your pet eating and drinking normally? (Did your pet eat today): \_\_\_\_\_

\_\_\_\_\_

Is your pet taking any medication? (If yes please list, and last time medicated): \_\_\_\_\_

\_\_\_\_\_

Is your pet allergic to any medications? (If yes please list): \_\_\_\_\_

\_\_\_\_\_

Have there been any changes in your pets urinary habits? \_\_\_\_\_

Is your pet current on Vaccinations? (If yes from where): \_\_\_\_\_

Please be aware when you drop off your pet there will be an additional fee for hospital cage occupancy in addition to the examination fee.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_