HOSPITAL ADMISSION FORM

Client ID: _____ Patient Name: _____ Date: _____
Items left: ☐ Leash ☐ Collar ☐ Carrier ☐ Other_____

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

☐ DA2PPV (canine distemper-parvo)
☐ RABIES
☐ BORDETELLA (kennel cough)
☐ LEPTOSPORSIS
☐ LYME
☐ PUREVAX RABIES (feline, 1yr)
☐ FCVRP (feline distemper)
☐ FeLV (feline leukemia)
☐ OTHER: _____

****PLEASE NOTE: We require an exam with vaccines.**

☐ EXAMINATION
☐ HEARTWORM TEST
☐ INTESTINAL PARASITE TEST
☐ FELINE LEUKEMIA / AIDS TEST
☐ WELLNESS BLOODWORK
☐ EAR CYTOLOGY
☐ URINALYSIS
☐ FINE NEEDLE ASPIRATION
☐ RADIOGRAPHS (x-rays)
☐ OTHER: _____

☐ ULTRASOUND
☐ SEDATION
☐ HOSPITALIZATION
☐ CATHETER & FLUIDS
☐ PAIN MEDICATION
☐ LASER THERAPY
☐ PEDICURE
☐ EXPRESS ANAL GLANDS
☐ BATH
☐ GROOM: _____

****SIGN** here to authorize **SEDATION (if needed) <u>WITHOUT</u>** contacting you. _____

MEDICAL HISTORY (Please COMPLETE these questions regarding your pet):

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

2. 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: _____

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

Heartworm Prevention: Unknown Trifexis Interceptor Heartgard Revolution
Flea/Tick Prevention: Unknown NexGard Vectra3D Other: _____

Refills needed?: (Y/N) Which products and how much?: _____

CONTACT INFORMATION:

Please contact me after exam and authorized services: ☐ Yes ☐ No
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 _____ (time) on _____ (date) and understand that payment is due at time of service.

Would you prefer: ☐ Call ☐ Text ☐ Email: _____

_____ (NAME) can be reached at ( ) _____ ext._____ OR ( ) _____

_____ (ALTERNATE NAME) can be reached at ( ) _____ ext._____ OR ( ) _____

PRINT NAME: _____ (OWNER) SIGNATURE: _____ (OWNER)

Checked in by: _____ Time: _____