

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 _____

- What do you **feed** your pet, how much, and how often? _____
- What percentage of the day does your **Cat** spend outdoors? _____%
- 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: _____