

Bent Tree Animal Hospital Hospital Admission Form

Client's Name _____ Patient's Name _____

Reason for visit _____ Date when symptoms started? _____

Check all that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Normal/No Concerns | <input type="checkbox"/> Decreased Appetite | <input type="checkbox"/> Lethargic |
| <input type="checkbox"/> Breathing Difficulties | <input type="checkbox"/> Coughing/Gagging | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Blood in Stool | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Scooting | <input type="checkbox"/> Seizures | <input type="checkbox"/> Weight loss |
| <input type="checkbox"/> Urinating Excessively | <input type="checkbox"/> Abnormal Urination | <input type="checkbox"/> Drinking Excessively |
| <input type="checkbox"/> Check ear <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Skin Growth/Lump-where? _____ | |
| <input type="checkbox"/> Check eye <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Scratching/Rash-where? _____ | |
| <input type="checkbox"/> Limping-which leg? | <input type="checkbox"/> Right Front | <input type="checkbox"/> Left Front <input type="checkbox"/> Right Rear <input type="checkbox"/> Left Rear |
| <input type="checkbox"/> Indoor Pet | <input type="checkbox"/> Outdoor Pet | <input type="checkbox"/> Both Indoor/Outdoor Pet |

Please give us any information about your pet that can assist us:

What brand do you feed your pet? _____ How much? _____

Is your pet on preventative? Heartworm Flea No Brand? _____

When and where did your pet have their last vaccines? _____

Any previous medical conditions? _____

Is your pet on any medications or supplements? _____

I authorize the Dr. to spend up to \$_____ in diagnostic tests above and beyond the \$57.00 comprehensive examination and prior to contacting me.

(Basic Diagnostic Blood tests, i.e. CBC & profile or xrays start at \$190.00.)

This does not include any treatment or medications.

There is a daily ward care fee of \$10.50 for admission appointments.

Phone number where you can be reached: Phone # 1: _____

Phone # 2: _____ Phone # 3: _____

If we cannot reach you, do you want us to proceed with treatment? Yes No

I agree that I am the owner/agent of this pet and allow the doctor(s) at Bent Tree Animal Hospital, treat my pet. Furthermore, I agree to pay for all charges that are incurred and I understand full payment is required at discharge.

Owner's/Agent Signature _____ Date _____