

**COMPREHENSIVE ADMISSION FORM**

This form is available to download on our website [www.elliottbayah.com](http://www.elliottbayah.com)

Owner's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

Phone numbers (1st) \_\_\_\_\_ (2nd) \_\_\_\_\_

E-mail (optional) \_\_\_\_\_

Primary reason your pet is here? \_\_\_\_\_ When did you first notice the problem? \_\_\_\_\_

Does your pet have a microchip?..... Yes No

Has your pet eaten this morning?..... Yes No

In the event your pet will need to stay overnight, what do you feed your pet and how much? \_\_\_\_\_

Is your pet on any medications?..... Yes No If so, please indicate the medication /dosage / when last given

Any changes in medication?..... Yes No

Any changes in diet?..... Yes No

Changes in behavior?..... Yes No

Any chance of ingestion of foreign/toxic substance?.. Yes No Please specify \_\_\_\_\_

Any exposure to environmental stress? ..... Yes No (moving, separation, new pet to household, etc.)

Limping? Increased stiffness..... Yes No Which leg? \_\_\_\_\_

Increased / Decreased thirst? Appetite? ..... Yes No How long? \_\_\_\_\_

Sudden weight change?..... Yes No Increased? Decreased?

Lethargy? Depression? ..... Yes No How long? \_\_\_\_\_

Ear, Nasal, Eye Discharge..... Yes No Which ear/eye? \_\_\_\_\_ color? \_\_\_\_\_

Vomiting?..... Yes No How long? \_\_\_\_\_ How frequent? \_\_\_\_\_

Diarrhea?..... Yes No How long? \_\_\_\_\_ How frequent? \_\_\_\_\_

Constipation?..... Yes No How long? \_\_\_\_\_

Change in stool consistency? Frequency?..... Yes No Please specify \_\_\_\_\_

Change in urine color? Frequency?..... Yes No Please specify \_\_\_\_\_

Straining to urinate?..... Yes No Please specify \_\_\_\_\_

Coughing? Sneezing? ..... Yes No How long? \_\_\_\_\_ When? \_\_\_\_\_

Difficulty breathing? ..... Yes No

New lumps? Bumps? ..... Yes No **Please show a staff member**

Itching, scratching, chewing of the skin? ..... Yes No Please specify \_\_\_\_\_

Change in skin? Hair coat?..... Yes No Please specify \_\_\_\_\_

Shaking of head?..... Yes No Please specify \_\_\_\_\_

Do we have permission to:

Draw blood for lab testing? ..... Yes No Take X-Rays if needed? ..... Yes No

Give anesthesia if needed?..... Yes No Has your pet eaten today?..... Yes No

Have you received an estimate for services? ..... Yes No

**If not, a staff member must be able to reach you with an estimated cost prior to treatment.**

In the event of an emergency, it is expressly understood that the hospital and authorized personnel shall have authority and permission to prescribe for, treat and/or perform surgery upon the described animal. *Should your pet require care from a Veterinary Specialist or Emergency Hospital, we will provide them with your current address and phone number (s).*

To prevent the spread of infectious diseases and parasites, hospitalized animals must be current on all vaccines and be free of external and internal parasites. I hereby authorize Elliott Bay Animal Hospital to provide the vaccines and parasite control when needed.

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**Thank you for allowing us to care for your pet!**