

Admission Questionnaire

Date Tuesday, August 04, 2015

Client Number _____

Name _____

Pets Name _____

Breed _____

Sex _____

Color _____

Age _____

Weight _____

Preferred Contact Method:

Phone Call or Text

Today's Phone Number

What Is the primary problem?		
What are the symptoms?		
When did you first notice the problem?		
Is this the first time your pet has had this problem?	Yes No	If <i>No</i> , list dates of other occurrences:
How long did it last?		
Was the problem treated by a Veterinarian or did it go away?		
Is the problem getting better, worse, or remaining the same	Better Worse remains same	Explain:
Has your pet ever had a similar problem?	Yes No	If <i>Yes</i> , how long ago?
Is your pet on any medication? (Include Heartworm and Flea products)	Yes No	If <i>Yes</i> , list medications:
Is your pet allergic to any medications?	Yes No	If <i>Yes</i> , list medications:
Are there any other problems we should be aware of today?	Yes No	If <i>Yes</i> , list problems:
Has there been any diet change recently?	Yes No	If <i>Yes</i> , explain:
Has your pet eaten this morning?	Yes No	If <i>Yes</i> , how much and what?
Name of pet's regular diet?		
Is your pet urinating normally?		
Is your pet defacating normally?		

Signature _____ Date _____