

Carbon County Veterinary Hospital

Warner McFarland, DVM ~ Amanda Shively, DVM ~ Lorna McPeek, DVM

DROP-OFF ADMISSION FORM

Owner Information

Owner Name: _____ Date: _____

Address: _____ City: _____ State: _____

DAYTIME PHONE NUMBERS ARE VERY IMPORTANT TO US!

Phone number(s) where I can be reached **TODAY** (1) _____ (2) _____

Pet Information

Pet Name: _____ Sex: _____ Age: _____ Breed: _____

Why are we seeing your pet today? _____

SYMPTOMS:

Has your pet had any coughing?	YES	NO	Comments: (wet, dry, hacking, etc.)
Has your pet has any sneezing?	YES	NO	Comments:
Has your pet had increased thirst?	YES	NO	Comments:
Increased or abnormal urination?	YES	NO	Comments: (bloody, frequent, etc.)
Has your pet had a decrease in appetite?	YES	NO	When did he/she last eat?
Has your pet had any decrease in activity level?	YES	NO	Comments:
Has your pet displayed any sign of pain or lameness?	YES	NO	Comments:
Has your pet had any vomiting?	YES	NO	Comments: (food, bloody, yellow, etc.)
Has your pet had any diarrhea or abnormal bowel movements?	YES	NO	Comment: (bloody, watery, with mucus, etc.)
Have you noticed any lumps, growths, or masses that we should look at today?	YES	NO	If yes, where?
Any scratching or hair loss?	YES	NO	Comments:
Any abnormal odors?	YES	NO	Comments:
Any difficulty breathing?	YES	NO	Comments:

When did you first notice the problem? _____

Is this the first time your pet has had this problem? _____ If no, please list dates of other episodes

How long did it last? _____

Is the problem improving, getting worse, or staying the same? _____

Was the problem treated by a veterinarian or did it go away? _____

Previous Veterinarian: _____ Phone: _____

Can we call him/her? _____

What (if any) medication/supplements. Both prescription and over the counter, have you given your pet today?

Does your pet have any prior problems with anesthesia or seizures? _____

Does your pet have any known allergies? _____

Are there any other concerns we should be aware of today? _____

I grant permission to the veterinarian to sedate and/or anesthetize this animal if it deems it necessary.

_____ Yes _____ No _____ Call me first* (Authorization required)

I grant permission to complete a diagnostic workup (blood work, x-rays, ultrasound, etc.) if a veterinarian deems it necessary.

_____ Yes _____ No _____ Call me first* (Authorization required)

I authorize the veterinarian to proceed without giving an estimate of fees, and I assume responsibility for payment of all charges. *(if requiring an estimate, please know that it will take additional time and the owner must be available by telephone to authorize procedures and charges. If contact is not made with the owner at the time of the veterinarian's call, treatment may not be completed.) * **I further understand that no guarantee of successful therapeutic or diagnostic outcome is made. I also assume complete responsibilities for all charges incurred, and agree to pay all charges at the time services are rendered and that a deposit may be required.**

Signature of Owner/Agent: _____ Date: _____

Taking Care of All God's Creatures.