

DROP-OFF TREATMENT / ADMISSION FORM

Pet's Name: _____ Date: _____

Who to call (Name): _____ Primary phone # today: _____

Secondary phone #: _____ Time owner will not be available: _____

Other person to call if you are not available: Name: _____

Relation: _____ Phone#: _____

Time owner would like to pick up **OR** should we just call when patient is ready: _____

Preferred Dr: Dr. Lemann Dr. Hill Dr. Brasher Dr. Schmidt Dr. Walkenhorst Any Doctor

REASON FOR VISIT TODAY: _____

Duration of Problem? _____

FOR GLUCOSE CURVE: Time insulin was given _____ # of units? _____ Time ate this am: _____

MEDICATIONS PATIENT IS TAKING:

1. _____ Last Given: _____

2. _____ Last Given: _____

3. _____ Last Given: _____

4. _____ Last Given: _____

5. _____ Last Given: _____

OTC MEDICATIONS: _____ Need RX refills: _____

FOR ILLNESS / VOMITING / DIARRHEA:

Appetite: (decreased/increased) If either, when did it start _____

When & What patient last ate _____

Change in diet _____ If yes, when _____ from _____ to _____

Vomiting (when/amount/color) _____

Diarrhea (when/amount/color) _____

Urination (frequency/straining/accidents in house) _____

Thirst (increase/decrease): _____ Ate something in yard/on walk _____

CATS: indoor/outdoor _____ Other: _____

Do we have permission to sedate your pet if the Doctor thinks it is necessary (please circle)? Yes or No.

Has your pet had anything to eat or drink today (please describe) and if so, at what time _____

I, the undersigned, am the owner of, agent of the owner, or Good Samaritan of the above described pet and that I am fully able to make medical decisions for this pet, and am giving permission for the treatment of this pet.

Signature of Owner or Agent (if possibly sedating pet): _____

Date: _____ Receptionist who checked in this patient: _____