



DAY ADMISSION FORM FOR PATIENTS HOSPITALIZED OR ADMITTED FOR NON SURGICAL PROCEDURES

Client/Owner: _____ Patient name: _____

Reason(s) for admittance:

Please list your pet's diet or food, and any medications or supplements currently given:

Are any of the following symptoms present?

Vomiting	Yes	No	If Yes, how long	Describe:
Diarrhea	Yes	No	If Yes, how long	Describe:
Itching	Yes	No	If Yes, how long	Describe:
Excessive Thirst	Yes	No	If Yes, how long	Describe:
Excessive Urination	Yes	No	If Yes, how long	Describe:
Difficulty Urinating	Yes	No	If Yes, how long	Describe:
Bad Breath	Yes	No	If Yes, how long	Describe:
Poor Appetite	Yes	No	If Yes, how long	Describe:
Weight Loss	Yes	No	If Yes, how long	Describe:
Coughing	Yes	No	If Yes, how long	Describe:
Difficulty Moving	Yes	No	If Yes, how long	Describe:
Limping	Yes	No	If Yes, how long	Describe:
Weakness	Yes	No	If Yes, how long	Describe:
Hair Loss	Yes	No	If Yes, how long	Describe:
Flaking Skin	Yes	No	If Yes, how long	Describe:
Behavior Problems	Yes	No	If Yes, how long	Describe:
Other	Yes	No	If Yes, how long	Describe:

I hereby authorize the staff of Lake Harriet Veterinary to examine, treat, and prescribe medications for the above described pet. I assume responsibility for all charges incurred in the care of this animal at Lake Harriet Veterinary on this date. I also understand that these charges will be paid at the time of release and that a deposit may be required for treatment.

Signature of owner: _____ Date: _____

Phone number(s) (where best reached today): _____

Items brought with pet today (describe): _____