



Admission for Evaluation/Care Questionnaire

Admission date: _____ Admission time: _____

Pet Name: _____ Pet Age: _____ Pet Gender: _____

Client Name: _____

Phone number to reach you today: (_____) _____

Section A:

If your pet is being admitted for an evaluation of a medical problem, please answer questions 1-5 below. If not, please skip to Section B. The doctor will call you as soon as your pet has been examined and will discuss a course of treatment.

- 1) What symptoms are you seeing?
- 2) When did the symptoms start?
- 3) Has this problem occurred before? If so, how long ago?
- 4) Does your pet have any pre-existing medical conditions?
- 5) Is your pet on any prescription medications? If so, please list them.

Section B:

If your pet is being admitted for routine care (annual exam, vaccines, annual blood tests, etc.), the doctor will call you if there are any other concerns or problems that need to be addressed.

What service(s) may we provide?

The Doctor will evaluate your pet as soon as his/her schedule allows. Because of time limitations, please understand it may be afternoon before your pet is examined. The Doctor will call you as soon as the evaluation is complete.

Client Signature _____ Date _____