

**For Staff use only**

**Weight:** \_\_\_\_\_

Pet Name \_\_\_\_\_

Owner Name: \_\_\_\_\_

**Admission Information and Authorization to Treat  
Bexley Animal Hospital**

Please read and initial the following prompts:

1. I understand that I am dropping off my pet in order to allow for him/her to be evaluated by a veterinarian sooner than an appointment is available and that there is not a designated appointment time for my pet. I understand that Bexley Animal Hospital will verify that my pet is stable upon arrival but he/she may not be fully evaluated until there is available time between scheduled appointments and therefore a pickup time for my pet cannot be predicted nor guaranteed.

PLEASE INITIAL: \_\_\_\_\_

2. I understand that a doctor will call me when my pet is finished and a treatment plan will be discussed. I will do my best to be available via the phone number listed below in case of an emergency and to help my pet receive efficient and timely care.

PLEASE INITIAL: \_\_\_\_\_

Please provide a **phone number** where you can be reached: \_\_\_\_\_

3. I authorize the following procedures/diagnostics/treatments be performed if the doctor deems them necessary for the care of my pet:

**\*\*\*\*\*For Staff use only\*\*\*\*\* Do not complete the bolded red section/questions**

<b>Examination</b> <input type="checkbox"/>	<b>Fluid Therapy</b> <input type="checkbox"/>
<b>Sedation</b> <input type="checkbox"/>	<b>Urinalysis</b> <input type="checkbox"/>
<b>Blood work</b> <input type="checkbox"/>	<b>Cytology</b> <input type="checkbox"/>
<b>Radiographs (x-rays)</b> <input type="checkbox"/>	<b>Therapeutic Medications</b> <input type="checkbox"/>
<b>Vaccinations</b> <input type="checkbox"/>	

**Your pet is due for the following vaccinations/testing:** \_\_\_\_\_

I need the following medications refilled while I am here today: \_\_\_\_\_

**Health Questionnaire**

List of concerns to be addressed today: \_\_\_\_\_

List of medications your pet has received in the past 48 hours: \_\_\_\_\_

Describe your pet's diet: \_\_\_\_\_

If your pet is a cat, does he/she go outside? YES ☐ or NO ☐. Is he/she supervised while outside? YES ☐ or NO ☐

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**Weight:** \_\_\_\_\_

**Vomiting/Diarrhea:** Is your pet experiencing either of these? YES ☐ or NO ☐ (if no, proceed to next box)

1. When did the issue start? \_\_\_\_\_
2. Is your pet eating a normal amount? YES ☐ or NO ☐
3. Does your pet have a normal energy level? YES ☐ or NO ☐
4. Is your pet asking to go outside/pooping more frequently? YES ☐ or NO ☐

**Urinary Issues:** Is your pet having any urinary issues? YES ☐ or NO ☐ (if no, proceed to the next box)

1. When did the issue start? \_\_\_\_\_
2. Is your pet urinating in the house/outside the litter box? YES ☐ or NO ☐
3. Is your pet urinating more frequently? YES ☐ or NO ☐
4. Have you noticed any blood in the urine? YES ☐ or NO ☐

**Limping:** Is your pet limping? YES ☐ or NO ☐ (if no, proceed to the next box)

1. When did the issue start? \_\_\_\_\_
2. Was there any known incident that initiated the limping? YES ☐ or NO ☐
3. Which leg do you believe is affected? \_\_\_\_\_

**Skin Issues/Ear Infections/Itching/Lumps:** Is your pet experiencing symptoms of these? YES ☐ or NO ☐

1. Is your pet itchy? YES ☐ or NO ☐. If so, where? \_\_\_\_\_
2. When was the last dose of flea prevention administered/applied? \_\_\_\_\_
3. Does your pet have these issues seasonally, year round, or is this the first incidence? \_\_\_\_\_
4. On a scale of 1-10, how itchy is your pet? \_\_\_\_\_
5. If a lump(s) is present that you are concerned about, where is it and have you noticed any changes to it? \_\_\_\_\_

**Coughing/Sneezing/Nasal Discharge/Eye Issues:** if your pet is experiencing any of these, please proceed

1. Is your pet coughing? YES ☐ or NO ☐
  - a. When were they last at the kennel, groomer, dog park, or daycare? \_\_\_\_\_
2. Is your pet sneezing excessively? YES ☐ or NO ☐. Having nasal discharge? YES ☐ or NO ☐
3. Is your pet having eye discharge? YES ☐ or NO ☐
  - a. Squinting, pawing at the eyes, or rubbing face on floor? YES ☐ or NO ☐
  - b. Which eye is affected? LEFT ☐ or RIGHT ☐ or BOTH ☐

Additional concerns/comments: \_\_\_\_\_

I understand that with any medical procedures, there are risks involved and I accept these risks. I further understand that no guarantee of successful treatment has been made. I assume full financial responsibility for all charges related to the treatment of my pet. *PLEASE INITIAL:* \_\_\_\_\_

If an emergency situation develops and I cannot be reached by the phone number listed, I authorize Bexley Animal Hospital to provide treatment to stabilize my pet. *PLEASE INITIAL:* \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE \_\_\_\_\_