

Do you have a Doctor Preference? YES NO
If yes, which Doctor do you prefer to see?



Day Admission Form

Client Name: _____ Patient Name: _____ Date: _____

Why is your pet here today and when did the problem start?

Please check any of the appropriate symptoms:

- | | | |
|---|--|---|
| <input type="checkbox"/> Eating normally | <input type="checkbox"/> Gagging | <input type="checkbox"/> Coughing |
| <input type="checkbox"/> Not eating | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Panting excessively |
| <input type="checkbox"/> Eating ravenously | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Difficulty breathing |
| <input type="checkbox"/> Weight loss | <input type="checkbox"/> Diarrhea with blood | <input type="checkbox"/> Nasal Discharge |
| <input type="checkbox"/> Weight Gain | <input type="checkbox"/> BM straining | <input type="checkbox"/> Eye discharge |
| <input type="checkbox"/> Behavior changes
(describe below) | <input type="checkbox"/> Scooting | <input type="checkbox"/> Eye redness/color change |
| <input type="checkbox"/> Lethargic/Less active | <input type="checkbox"/> Straining to urinate | <input type="checkbox"/> Shaking head |
| <input type="checkbox"/> Itching & Scratching | <input type="checkbox"/> Urinating more frequently | <input type="checkbox"/> Scratching at ears |
| <input type="checkbox"/> Hair loss
(note area below) | <input type="checkbox"/> Urinating blood | <input type="checkbox"/> New Swelling/Masses
(note area below) |
| | <input type="checkbox"/> Leaking urine/spotting | |

Any other information that can assist us: _____

• Indicate any lumps/bumps you would like checked →

• Is your pet on heartworm preventative?

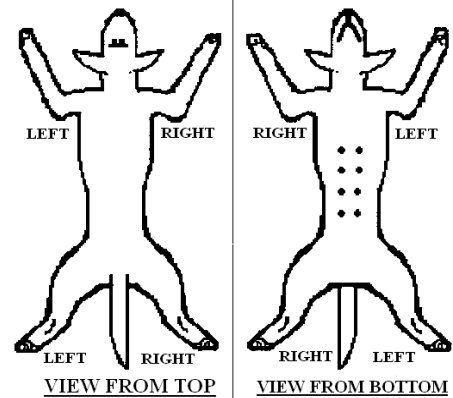
Yes No

Type: _____

• Is your pet current on vaccinations?

Yes No

If not, at what clinic was your pet last vaccinated?



Doing initial testing can save time diagnosing your pet. Initial basic tests could include labwork, fecal tests, skin scrapings, needle aspirates for lumps, radiographs, and/or ear swab examination.

- Proceed with any recommended diagnostic testing
- Contact me first prior to any recommended diagnostic testing.

Best phone number(s) where you can be reached today:

1st: (_____) _____ 2nd: (_____) _____

I agree that I am the owner of this pet and allow the doctor(s) at Cornerstone Animal Clinic to treat my pet. Furthermore, I agree to pay for all charges that are incurred and I understand full payment is required at discharge.

Owner's/Agent Signature _____