



Hospital Admission Questionnaire

Today's Date: _____ Owner's Name: _____

Patient's Name: _____ Age _____ Sex: **Male/Female Neuter/Spayed**

Reason for patient admission:

How long has problem been going on? _____

Is the problem: Better Worse Same

Has a similar problem happened in the past? Yes No

Have you done anything or given patient any medication for above problem? Yes No

If yes, please specify: _____ Did it help? Yes No

Patient's current diet: Brand _____ Quantity (Cups/Cans)? _____

Frequency Fed(Per Day)? _____ Other scraps/table food _____

Eating Changes? Increased Decreased Normal

When was the patient's last meal? _____

Could they have gotten in to anything? (i.e. Garbage, house plants, chemicals, yard debris, etc)

Water Consumption: Increased Decreased Normal Other _____

Bowel Movements: Increased Decreased Normal Other _____

Urination Frequency: Increased Decreased Normal Other _____

Are vaccines up-to-date? Yes No; When & where(If not administered by WRAH)? _____

Heartworm/Parasite/Flea Tick Control: Yes No

If yes, what kind? _____ Date last given? _____

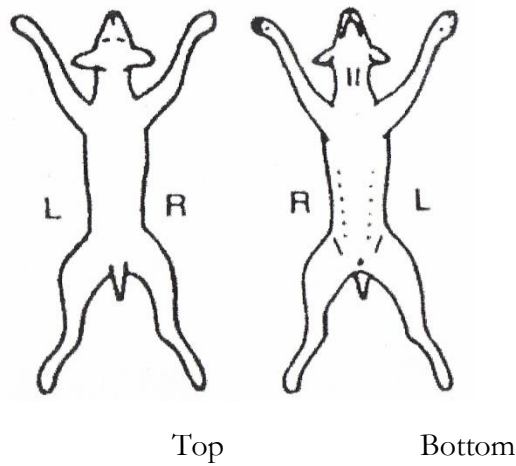
Is the patient primarily: Indoor Outdoor Both



Other daily medications?

Medication Name	Dosage (How much/How often)	Last Dose Administered

If applicable, please circle the affected area of the patient in which you want the doctor to examine specifically:



If needed, can the following be done?

X-Rays Yes No

Bloodwork Yes No

Urinalysis Yes No

Would you like an estimate after your pet has been examined? Yes No

Phone number(s) where client can be reached today:

Home: _____ Cell: _____

Work: _____ Other: _____

Signature of Owner _____