



# A.P.A.W. Veterinary Hospital and Wellness Center

## Sick Pet Admission Form

In order to assist the doctor in more accurately evaluating your pet, please take a few minutes to fill out the following information.

Date: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Pets Name: \_\_\_\_\_

Briefly describe the problem that your pet is being examined for: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please circle the symptoms that your pet is currently having:

- |          |            |            |                  |                          |             |
|----------|------------|------------|------------------|--------------------------|-------------|
| coughing | vomiting   | diarrhea   | increased thirst | change in appetite       | weight loss |
| sneezing | runny nose | runny eyes | skin problem     | decreased activity level |             |

Please describe each of the symptoms circled above (ie. when symptoms started, color, consistency etc.):

\_\_\_\_\_  
\_\_\_\_\_

Have you recently changed your pets food? \_\_\_\_\_

Has your pet recently been given table food? \_\_\_\_\_

Could your pet has gotten into something he/she shouldn't have such as the trash or something in the yard?

\_\_\_\_\_

Have you found a tick on your pet in the past 6 months? \_\_\_\_\_

Any treatments or medications tried at home? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please give any additional information which you feel might be relevant to your pet's status.

\_\_\_\_\_  
\_\_\_\_\_

If we are unable to reach you at the phone number given, do you give the doctor permission to perform any procedures necessary for treating your pet (ie. x-rays, bloodwork)? Yes No

Signature \_\_\_\_\_

Date \_\_\_\_\_