DeSoto Animal Clinic
Veterinary Medicine
& Surgery

ILLNESS ADMISSION FORM

**In order to provide you pet with the best possible care, an accurate history and description of your pets' symptoms is very important. We thank you in advance for taking the time to fill out the information below.

Date: _____

Owner's Name: _____ **Pet's Name:** _____

What is your pet coming in for today:

_____

_____

_____

How long has the problem been going on? _____

Appetite:	☐ Normal	☐ Poor	☐ Anorexia	☐ Excessive	
Thirst:	☐ Normal	☐ Increased	☐ Decreased	☐ None	
Urination:	☐ Normal	☐ Increased	☐ Decreased	☐ Straining	☐ Bloody
Stools:	☐ Normal	☐ Hard	☐ Soft	☐ Diarrhea	☐ Straining ☐ Bloody
Respiration:	☐ Normal	☐ Increased	☐ Coughing	☐ Sneezing	
Vomiting:	☐ Normal	☐ Food	☐ Mucus	☐ Bile	☐ Blood

Has the problem changed? ☐ Improved ☐ Worsened ☐ Remained the same

Have you treated your pet at home for this problem? ☐ No ☐ Yes

If so, please describe: _____

_____

What do you feed your pet? _____

When did your pet last eat? _____

When did your pet last drink? _____

Is your pet taking any medications? ☐ No ☐ Yes

If so, please list medications and doses: _____

_____

If your pet is under treatment for diabetes, what time was the last insulin injection given? _____

How many units? _____

Permission for Diagnostics and Treatment. Please read before signing.

If we find the need for diagnostic labwork or x-rays, would you like us to:

☐ Perform the procedures ☐ Contact you with an estimate (Phone#: _____)

If your pet requires surgical/anesthetic procedures, would you like us to:

☐ Perform the procedures ☐ Contact you with an estimate (Phone#: _____)

I permit DeSoto Animal Clinic to treat my pet within the above guidelines.

Signature: _____ Date: _____

Home #: _____ Cell #: _____ Work #: _____

Please indicate your preferred contact number: _____

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