Admit Form

Please take the time to fill out this form completely. Since you will not be present the entire time your pet is in the hospital it is important for our doctors to have this information about your pet.

Basic Info

Owner's Name(Last, First)* _____ Pet's Name* _____
Phone numbers for today * _____
Reason for visit today (please be specific)*
_____
_____
_____
Other concerns to be checked _____

Pet Health History

Please circle if your pet is currently having any of the following:
Changes in urination or defecation?* YES or NO
Increased or decreased appetite or water consumption?* YES or NO
Diarrhea?* YES or NO
Vomiting?* YES or NO
Changes in energy levels?* YES or NO
If you checked yes to any please explain _____
_____
_____
What does your pet eat? (include amounts and any treats given) _____
_____
When did your pet last eat?* _____
List all medications you give your pet (including supplements and over the counter medications) * _____
_____
Vaccination history (type and date) _____

Fees*

Admittance to hospital + Exam fee starts at $83.60
Examples of other common fees: Blood work $75-$200 Urinalysis $70 Radiographs $150-$350 Fluid therapy $38-$85

In situations where your pet may be ill it is important to start treatment as soon as possible. Any treatment fees will be in addition to the exam and hospitalization fees for the admit appointment. Please initial **one** of the following:

_____ I authorize necessary testing and treatment to be started on my pet as soon as possible and understand the veterinarian will call me to discuss recommendations and costs as soon as time allows.

OR

_____ I request an estimate for any expense above the exam and hospitalization fees ($83.60) before my pet has any testing or treatment and understand this may cause a delay in my pet's care if I cannot be reached immediately.

Authorization

I hereby authorize the veterinarians of Eastside Veterinary Associates to examine, prescribe for, and treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I understand these charges must be paid at the time services are rendered and that a deposit is required for hospitalization or surgical treatment.

Signature of Owner/Agent * _____ Date *_____