

# 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: Diarrhea? YES or NO  
Increased or decreased appetite or water consumption? YES or NO Vomiting? YES or NO  
Changes in energy levels? YES or NO Changes in urination or defecation? YES or NO  
If you circled 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 (\$27.50) + Exam fee (\$93.50) +/- Urgent Care fee (\$60.50)

Examples of other common fees: Blood work \$175.50 + Urinalysis \$82, Radiographs \$531.50+, Fluid therapy \$73.50+

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 drop off 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 (\$120.00) prior to any testing or treatment for my pet. I 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 \_\_\_\_\_