

FELINE OUTPATIENT ADMITTANCE

Patient Name: _____

Admittance Date: _____

Because you will not be present when the doctor examines your pet there are some questions we need answered to obtain an accurate status of your pet's current condition. Your responses, in addition to previous medical history, will assist the doctor to define a treatment plan.

Because your pet will be scheduled later today, we ask for contact information to enable the doctor to communicate with you at that time, should the need arise. A discharge appointment or phone call later today following the treatment will enable the medical staff to advise any findings and discharge instructions.

1. Is he/she experiencing any of the following? When did symptoms begin? check all that apply & specify day/time symptoms were first seen
 - a. coughing _____
 - b. sneezing _____
 - c. vomiting _____
 - d. diarrhea _____
2. Is he/she eating and drinking normally?
 - a. Yes
 - b. No Increased Decreased
3. What brand of food(s) are you feeding him/her?
 - a. _____
 - b. Amount of food: _____
4. Does he/she live Both Indoor & Outdoor Indoor Only Outdoor Only
5. Are there any other problems or concerns you might have regarding him/her that you would like us to address?

6. Is he/she receiving monthly heartworm preventative?
 - a. No
 - b. Yes What product? _____
 - i. Have you missed any months?
 1. No
 2. Yes How many months have been missed? _____
7. Do you need any healthcare products or prescriptions refilled?
 - a. Heartworm Preventative Yes No
 - b. Flea preventative Yes No
 - c. Tick control Yes No
 - d. Other medication _____
8. What medications and supplements is he/she taking? _____

9. Please specify a preferred pick-up time: _____ We will make every effort to accommodate your schedule.

CONTACT DURING OUTPATIENT EXAM/TREATMENT

If the doctor determines that additional treatment (beyond previous authorization) is required, a member of the medical staff shall attempt to contact you immediately for authorization. This enables you to avoid the inconvenience of your scheduling a subsequent appointment. As such, we ask for your preference regarding that initial contact.

Home or Office Telephone: _____ Alternate phone: _____

Cell phone: _____ voice only text: specify carrier _____
(e.g. AT&T, Verizon, Sprint)

E-mail: _____