

# Day Admission Questionnaire

Patient Name:

Phone number to reach you at today:

1) After a physical examination is performed by the veterinarian, is an estimate needed prior to other services? **If estimate is needed, please be sure you are easily reached.**

An estimate is not needed

Yes, call me after the exam is performed (\$56)

May treat up to this amount:

2) Has your pet been on heartworm prevention with **no** missed doses? Yes No. Last dose given on:

Brand of current heartworm prevention:

If other:

Refill needed?

3) What flea preventative is your pet on?

If other:

Refill needed?

4) Has your pet had a change in appetite?

If so, for how long?

5) Has your pet had a change in thirst?

If so, for how long?

6) Any vomiting?

If so, please provide details  
(frequency, duration, appearance,  
immediately after eating, etc.)

7) Bowel Movements (check all that apply):

Normal, firm

Very soft  
(pudding-like)

Blood present

Mucus present

Parasites present

Liquid

Slightly soft

Other:

Duration of  
symptoms:

8) Urination (check all that apply):

Normal urination

Frequent urination, small  
volume

Frequent urination, large  
volume

Urinating in  
sleep

Infrequent urination

Blood present

Straining

Unusual odor

Duration of symptoms:

9) Coughing and/or sneezing (check all that apply):

No coughing or  
sneezing

Sneezing

Discharge from nose: If so, what color?

Dry, hacking  
cough

Wet sounding  
cough

Discharge from eyes: If so, what color?

Has your pet recently boarded, been to the dog park, or grooming facility?

Duration of  
symptoms:

10) Activity level:

Normal

Slightly  
decreased

Very decreased/  
lethargic

Increased/ more  
energetic

Restless, seems unable  
to get comfortable

Other:

Duration of symptoms:

11) What brand of food is your pet on? Treats?

12) Any recent changes to your pet's diet?

No changes

Yes:

13) Please list any current medications and/or supplements. When were they last given?

14) Any known allergies?

No

Yes:

15) History of seizures?

No

Yes

16) Has your pet ever had a vaccine or drug reaction?

No

Yes: Which vaccine/drug(s)?

17) Is your pet diabetic?

No

Yes- Time of last meal:

Brand of insulin:

Time of last dose:

Current dose  
and how long  
has your pet  
been on this  
dose?

18) **CATS:**

19) Please provide any additional information on a separate page.