



**Animal Health Clinic of Humboldt**  
626 2<sup>nd</sup> street, Humboldt SK  
(306) 682-2583

**Client Name:** \_\_\_\_\_

**Pet Name:** \_\_\_\_\_

## Day Admission Information and Authorization

We have arranged for you to leave your pet here, to allow the veterinarian to examine your pet as soon as possible today. Please read through the following questions, and answer any that may apply to your pet today. **The more thorough and accurate you are, the more easily we can diagnosis any illness.**

*Please fill out/circle all that apply*

**Presenting complaint:** \_\_\_\_\_ **Duration of problem:** \_\_\_\_\_

Is your pet lethargic/less active than usual? Yes No

Is your pet's water intake: increased decreased unchanged

If increased how much are they drinking per day? \_\_\_\_\_

Is the amount your pet is urinating: increased decreased not urinating unchanged

If your pet is not urinating, how long has it been since it last urinated? \_\_\_\_\_

Is your pet's appetite: increased decreased not eating unchanged

If not eating, how long has it been since they last ate? \_\_\_\_\_

Is your pet vomiting? Yes No

If yes, how many days/weeks has it been vomiting? \_\_\_\_\_

How often is it vomiting? \_\_\_\_\_

What is it vomiting? \_\_\_\_\_

When did it last vomit? \_\_\_\_\_

Does your pet seem constipated? Yes No

If yes, when did it last have a bowel movement? \_\_\_\_\_

Does your pet have diarrhea or loose stool? Yes No

If yes, for how many days/weeks? \_\_\_\_\_

What is the color/consistency of the stool? \_\_\_\_\_

Have you seen any blood in the stool? Yes No

What brand and variety of food(s) do you normally feed? \_\_\_\_\_

What treats or other things does your pet eat or consume? \_\_\_\_\_

Has your pet had access to foods other than its normal pet food recently?      Yes      No

If yes, please specify \_\_\_\_\_

Could your pet have gotten into anything unusual (Garbage, stuff in the yard, medications etc.)?

\_\_\_\_\_

Has your pet lost/gained weight recently?      Lost weight      Gained weight      Unchanged

Is your pet coughing or gagging?      Yes      No

If yes, is there anything being produced?      Yes      No

How long has it been coughing for and how frequently? \_\_\_\_\_

Is your pet sneezing or having discharge from its nose or eyes? \_\_\_\_\_

Is your pet limping or sore on any of its legs?      Yes      No

If yes, which leg is bothering him/her? \_\_\_\_\_

Has this problem ever occurred before? Yes      No      If yes, When? \_\_\_\_\_

Is your pet fully vaccinated? (They have had 3 vaccines 4 weeks apart ages 8,12, and 16 weeks, then yearly every year since then) If so, when was their last vaccine? \_\_\_\_\_

Would you be ok with us running bloodwork (additional \$150) and/or doing radiographs (up to \$175) and/or urinalysis (\$45)? Circle one option.

Yes too all

I am ok with \_\_\_\_\_

Call me first

Are there any other concerns about your pet that you would like addressed?

\_\_\_\_\_

\_\_\_\_\_

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I, the owner/agent for the described animal, authorize, and request an exam for my pet. I understand the veterinarian will contact me after he/she has examined my pet to discuss recommended diagnostics and treatment and will have an initial estimate of charges. **If there is a budget amount that we should be aware of, please let us know.**

**I can be reached at:**

\_\_\_\_\_ (phone number)

\_\_\_\_\_ (alternate phone number)

Signature: \_\_\_\_\_ Date \_\_\_\_\_