

# Fairlea Animal Hospital

## Canine Admission Form

\_\_\_\_\_  
Owner's name

\_\_\_\_\_  
Pet's name

### History

Reason for exam/visit? \_\_\_\_\_

If your pet is ill, when did you first notice the symptoms? \_\_\_\_\_

Is your pet: Indoors  Outside  Both

Has your pet had an exam with a veterinarian in the last year? Yes  No  Where? \_\_\_\_\_

Are your pet's vaccinations current? Yes  No  Where were they given? \_\_\_\_\_

Has your pet had any decrease in appetite? Yes  No

Has your pet had any decrease in activity level? Yes  No

Has your pet had any increase in thirst? Yes  No

Has your pet had any increase in urination? Yes  No

Has your pet had any coughing? Yes  No

Has your pet had any sneezing? Yes  No

Has your pet had any vomiting? Yes  No

Has your pet had any diarrhea? Yes  No

Has your pet eaten today? Yes  No  What time? \_\_\_\_\_

What medication has your pet been given today? \_\_\_\_\_

Does your pet have any lumps/growths you would like us to look at? Yes  No  Where? \_\_\_\_\_

Would you like our pet bathed? Yes  No  Would you like your pet to have a nail trim? Yes  No

When was your pet last given a flea/tick prevention? \_\_\_\_\_ Name of product used? \_\_\_\_\_

Would you like a Google Micro-chip ID? Yes  No

Has your pet been tested for Heartworm Disease? Yes  No

When was your pet last given a heartworm preventative? \_\_\_\_\_ Name of product used? \_\_\_\_\_

Has your pet ever had a dental exam? Yes  No

Would you like more information about our dental procedures? Yes  No

I, the undersigned owner or authorized agent of the above patient, hereby authorize the staff of Fairlea Animal Hospital to administer necessary treatment and to perform medical procedures. I further understand that no guarantee of successful therapeutic or diagnostic outcome is made. **I also assume financial responsibility for all charges incurred, and agree to pay all charges at the time of release.**

**\*Any pet found to have internal or external parasites will be treated at the client's expense.\***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date