

Fairlea Animal Hospital

Feline 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

If indoors, is your pet going outside the litter box or in any other area of the house? Yes No

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 been tested for Feline Leukemia/FIV? Yes No

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 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