ORCHARD VIEW
Veterinary Center

Hospital Admissions Form

Owner _____ Phone number (home/cell/work): _____

Pet _____

Diet

Brand of Food _____ How much _____ How Often _____

Last Fed _____

Brand of Treats _____ How much _____ How Often _____

Last Fed _____

Medications (write in additional on the back of sheet)

Drug Name _____ Strength _____ How Many/Much _____ How Often _____

Drug Name _____ Strength _____ How Many/Much _____ How Often _____

Drug Name _____ Strength _____ How Many/Much _____ How Often _____

Flea/Heartworm Preventative Name _____ How Often _____ Last Given _____

Supplement Name _____ Strength _____ How Many/Much _____ How Often _____

Environment (please check all that apply):

____ Indoor	____ Hiking	____ Grooming
____ Outdoor	____ Camping	____ Show
____ Enclosed Yard	____ Hunting	____ Service Animal
____ Open Yard	____ Beach	____ Public Stores
____ Dog Park	____ Boarding	____ Other _____

Health

Eating	____ Normal	____ Abnormal (Go to #1 on back)
Drinking	____ Normal	____ Abnormal (Go to #2 on back)
Urinating	____ Normal	____ Abnormal (Go to #3 on back)
Defecating	____ Normal	____ Abnormal (Go to #4 on back)
Activity	____ Normal	____ Abnormal (Go to #5 on back)
Vomiting	____ No	____ Yes (Go to #6 on back)
Limping/Sore	____ No	____ Yes (Go to #7 on back)
Other Concerns	____ No	____ Yes (Go to #8 on back)

Additional Requests

____ $15.75 Toe Nail Trim	____ $26.00 Toe Nail Trim with Dremmel
____ $19.00 Anal Gland Expression	____ $25.00-55.00 Bath, TNT, AG
____ $28.00 Ear Cleaning (Minor)	____ $21.13 Pluck Hair in Ear Canal
____ $10.50 Trim hair on pads of feet	____ $5.00/5 minutes Remove Mats
____ $72.00 Home Again Microchip	

Prescription/Diet Refill

Drug Name _____ How Many/Much _____

Brand of Food _____ Size of Bag/Can _____ How Many/Much _____

Please write additional information, concerns or requests on reverse side.

Please note: Animals must be flea free and up-to-date on vaccinations. An estimate will be reviewed with you. Payment is due at time of service. You may be required to make a deposit. If you have any financial concerns, please address them prior to admitting your pet(s).

Signature: _____ Date: _____

Health Concerns

1. **Eating**
   ____ Amount Decreased ____ Amount Increased ____ Amount Unchanged
   When did you first notice the change _____
   _____
2. **Drinking**
   ____ Amount Decreased ____ Amount Increased ____ Amount Unchanged
   When did you first notice the change _____
   _____
3. **Urinating**
   ____ Amount Decreased ____ Amount Increased ____ Amount Unchanged
   When did you first notice the change _____
   _____
4. **Defecating**
   ____ Amount Decreased ____ Amount Increased ____ Amount Unchanged
   When did you first notice the change _____
   Color/consistency of abnormal stools _____
   _____
5. **Activity**
   ____ Decreased ____ Increased ____ Unchanged
   Describe Abnormal Behavior _____
   _____
6. **Vomiting**
   My pet started vomiting on _____ and has vomited ____ times since then.
   Last time Vomited on _____ Any change is diet _____
   What color/substance/consistency: _____
   _____
7. **Limping/Sore**
   When did you first notice the limping/pain _____ Has it gotten better/worse/same _____
   Which body part _____
   Describe _____
8. **Other**
   Everything was okay with my pet until: _____ (Date) _____ am/pm. Since then,
   _____
   _____

Additional Information, Concerns or Requests (Including Prescription Refill Requests)

_____
_____
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