



Day Admission Form

Intake Pet Nurse: _____

Attending Pet Nurse: _____

Date: _____

Client Name: _____ Number where you can be reached today: _____

Address: _____ Emergency Contact Name & Number: _____

Are you the: Owner () Family Member () Friend () Legal Guardian () Other ()

Pet Name: _____ Breed: _____ Age: _____ Sex: _____

Allergies? _____

Please check all symptoms that apply to your pet.

- | | | | |
|--------------------------|------------------------|--------------------------|------------------------|
| Straining to Urinate () | Watery Eyes () | Constipation () | Weakness () |
| Limping () | Increased Drinking () | Scotting () | Weight Gain () |
| Depressed () | Pain () | Difficulty Breathing () | Hair Loss () |
| Scratching () | Panting () | Odor () | Coughing () |
| Restlessness () | Vomiting () | Seizures () | Growths () |
| Diarrhea () | Shaking Head () | Gagging () | Weight Loss () |
| Lethargy () | Increased Appetite () | Decreased Appetite () | Decreased Drinking () |
| Change in Behavior () | Discharge () | Sneezing () | Frequent Urination () |

Please describe in further detail any symptoms marked above, include location:

How long has your pet had these symptoms? _____

Is your pet on any medication or dietary supplements? _____ If so, please list medication below and why.

Diet: Brand: _____ Amount: _____ Canned: _____ Dry: _____

People Food: _____ Treats: _____

What has your pet eaten in the last 48 hours? _____

I authorize Scottsdale Veterinary Clinic to perform the following before notifying me:

- | | | | |
|---|-------------------------------|--------------------------|---------------------------|
| Physical Exam - \$69.50 () | Bloodwork - \$132 - \$231 () | Urinalysis - \$73.78 () | Ultrasound - \$226.62 () |
| Update Vaccines - \$20.00/ea () (in addition to \$69.50 exam cost) | Fecal Sample - \$51.38 () | X-Rays - \$221+ () | |
- Other Treatment () _____

I authorize sedation, if needed, for my pet () Call before Sedating () (Cost: \$74.08 - \$151.02)

I authorize a maximum expenditure of \$_____ before the Veterinarian consults with me.

Authorized Signature: _____ Date: _____

- Dr. Rowena D'Monte • Dr. William Langhofer • Dr. Makenzie Kurth • Dr. Joseph Lockhart
- Dr. Daniel Fonza • Dr. Irina Vera • Dr. Erin Greenwood • Dr. Heather Riedy
- Dr. Nicole Winterwood • Dr. Emma Kulkarni