



# Kelsey Canine Medical Center Admission Form

Best Contact Number: \_\_\_\_\_

Preferred Pick Up Time? \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Tech: \_\_\_\_\_

Weight: \_\_\_\_\_

Temp: \_\_\_\_\_

**Presenting complaint: (please circle all that apply)**

- |              |             |                |                      |
|--------------|-------------|----------------|----------------------|
| Vomiting     | Diarrhea    | Lethargy       | Difficulty breathing |
| ↑ Thirst     | ↑ Urination | ↓ Appetite     | ↑ Appetite           |
| Lameness     | Stiffness   | Squinting      | Eye discharge        |
| Lumps/Bumps  | Itchy Skin  | Blood in urine | Coughing             |
| ↓ Hearing    | ↓ Vision    | Shaking head   | Behavior changes     |
| Other: _____ |             |                |                      |

**Additional Comments / Concerns?**

How long has issue been going on? \_\_\_\_\_ Worse at night / day / consistent? \_\_\_\_\_

Has presenting complaint happened before? Yes / No \_\_\_\_\_ What was the outcome? \_\_\_\_\_

Change in appetite? Yes / No \_\_\_\_\_ Last meal? \_\_\_\_\_ Current diet? \_\_\_\_\_

Change in water consumption? \_\_\_\_\_ More / Less? \_\_\_\_\_

Change in activity? Yes / No \_\_\_\_\_

Change in environment? Travel / Boarding / grooming / dog park / daycare? Yes / No \_\_\_\_\_

Exposure to wildlife / trails / creeks / streams / ponds / lakes? Yes / No \_\_\_\_\_

Is your dog on ANY medication INCLUDING heartworm / flea / tick prevention? Y or N \_\_\_\_\_

If yes, please list medication(s) and time(s) given: \_\_\_\_\_

Do you need refills of any medications? Yes or No \_\_\_\_\_ List: \_\_\_\_\_

Should we treat your dog immediately after the vet has done an examination or call you with an estimate of cost before proceeding with any additional treatment? (Circle one) **Please Treat or Please Call First**

*By signing below, I consent to pay the fees for today's medical services in full upon picking up my dog. I authorize the veterinarian at Kelsey Canine Medical Center, LLC to examine my dog and provide treatment as described above. I am aware that the clinic hours are from 7:00am-5:30pm M-F and from 7:30am-12:00pm on open Saturdays, and agree to pick up my dog before close of business.*

Signature of owner/agent: \_\_\_\_\_ Date: \_\_\_\_\_