



Apple Valley Veterinary Clinic – Day Admission Intake Form

Date: _____

Owner: _____ Patient: _____ Account #: _____

Concerns/Symptoms: _____

Duration: _____

| Medication/Supplement | Dosage | Dosing Frequency | Last dose given | Next dose due |
|-----------------------|--------|------------------|-----------------|---------------|
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| | | | | |
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Allergies: Known medication or food allergies: _____

Diet: Food - _____ How often - _____ How much - _____ Appetite - _____

Recent changes to patient: Check boxes and explain

Behavior, activity level, sleeping habits: _____

Weight change – in what time frame: _____

Limping, lameness, stumbling – which leg: _____

Water consumption – increased, decreased – in what time frame: _____

Urination – amount, quantity, frequency: _____

Defecation – amount, consistency, frequency: _____

House soiling, incontinence: _____

Breathing, coughing, sneezing: _____

Skin, hair coat, ears: _____

Lumps or bumps: _____

Vomiting – frequency, how soon after a meal: _____

Pain: _____

Comments:

Consent form signed Owner’s phone number verified Estimate given Weight taken

Time admitted: _____ Admitting Tech: _____ Admitting Dr: _____