



# 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

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: \_\_\_\_\_