

Lake Austin Boulevard Animal Hospital
Admitting Form

Owner's Name: _____ Pet's Name _____ Date _____ Time _____

Best #s to reach you today: _____

- Pet Admitted for: Annual Exam/Vaccinations (for feline rabies vaccine: 1 year 3 year
 Continued Care/Recheck _____
 Other (i.e. lab work, flea/parasite treatment, x-rays, etc.) _____
 Illness: Chief Complaint: _____

History:

Has your pet shown any sign of the following?

- | | | | |
|--|-----------------|--|-----------------|
| <input type="checkbox"/> Vomiting? | How long? _____ | <input type="checkbox"/> Coughing? | How long? _____ |
| <input type="checkbox"/> Diarrhea? | How long? _____ | <input type="checkbox"/> Sneezing? | How long? _____ |
| <input type="checkbox"/> Constipation? | How long? _____ | <input type="checkbox"/> Urination? More or Less? | How long? _____ |
| <input type="checkbox"/> Lethargy? | How long? _____ | <input type="checkbox"/> Drinking? More or Less? | How long? _____ |
| <input type="checkbox"/> No Appetite? | How long? _____ | <input type="checkbox"/> Weight Loss or Weight Gain? | _____ |
| <input type="checkbox"/> Excessive Appetite? | How long? _____ | <input type="checkbox"/> Unusual Lumps or Growths? | _____ |
| <input type="checkbox"/> Scratching? | How long? _____ | <input type="checkbox"/> Limping? Which leg? _____ | How long? _____ |

<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Did your pet eat this morning?	<input type="checkbox"/>	<input type="checkbox"/>	Is your pet currently on any medication(s)?
<input type="checkbox"/>	<input type="checkbox"/>	Has your pet ever had any reaction to medications?	If yes, please list:		
<input type="checkbox"/>	<input type="checkbox"/>	Has your pet ever had any reaction to vaccinations?	_____		
<input type="checkbox"/>	<input type="checkbox"/>	Has your pet ever had any reaction to anesthesia?	_____		
<input type="checkbox"/>	<input type="checkbox"/>	If your pet is a cat, is he/she 100% indoors?	Last dose given: _____		
			Normal diet fed: _____		

Anything else we need to know?

LABAH (Lake Austin Boulevard Animal Hospital) will contact you if additional diagnostics (i.e. x-rays, blood work) are necessary. In the event we cannot get in contact with you, does LABAH have permission to run additional tests?
 Yes No

Signature
Payment for services is due at time of pick-up.
For your convenience, please contact the office before picking up your pet.