

River Heights Veterinary Clinic Admission Release Form

Client _____ Patient _____ Date _____
 Address correction Yes No E-mail address _____

Medical Record

Dog: Vaccine Status: DA2 PPL-C _____ Rabies _____ Bordetella _____ Lymes _____
 Current Heartworm Test _____
 Current Fecal Analysis _____
Cat: Vaccine Status: FVRCP _____ Rabies _____ Leukemia _____
 Current Fecal Analysis _____
 Tested for Feline Leukemia and Feline Immunodeficiency Virus? _____

	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	Medical History
	<input type="checkbox"/>	<input type="checkbox"/>	Did your pet eat this morning (if applicable)?
	<input type="checkbox"/>	<input type="checkbox"/>	Has your pet ever had any Seizures?
	<input type="checkbox"/>	<input type="checkbox"/>	Has your pet had any reaction(s) to Medications?
	<input type="checkbox"/>	<input type="checkbox"/>	Has your pet had any reaction(s) to Vaccines?
	<input type="checkbox"/>	<input type="checkbox"/>	Has your pet had any reaction(s) to Anesthetics?
	<input type="checkbox"/>	<input type="checkbox"/>	Is your pet on any medication? Name: _____

Check-in Exam:	Temp _____	Weight _____	Admitting Tech Initials _____
Skin Abn / Nor	Eyes Abn / Nor	Ears Abn / Nor	Teeth Abn / Nor
G.I. Abn / Nor	Urog Abn / Nor	Limb Abn / Nor	Weight Abn / Nor

Note: _____

Vaccines / Presenting Condition: _____

History

Has your pet shown any of the following?:

- Vomiting How long? _____
- Diarrhea How long? _____
- Describe above _____
- Listless How long? _____
- No appetite How long? _____
- Coughing How long? _____
- Itching/Scratching How long? _____
- Shaking head How long? _____
- Scooting
- Urinating More or less than usual? How long? _____
- Drinking More or less than usual? How long? _____
- Limping Which leg? _____ How long? _____
- Weight loss or gain?
- Lumps or bumps? _____
- Anything else we need to know: _____

Tests & Services:

- To be done during visit:
- Physical examination
 - Intestinal parasite exam
 - Heartworm test
 - FELV/FIV test
 - Puppy/Kitten Wellness Visit
 - Adult Wellness Visit
 - Senior Wellness Visit
 - X-rays
 - Lab: Ear cytology
 - Fecal float, gram stain, direct
 - Urinalysis
 - Blood profile
 - Ultrasound or Blood pressure
 - Grooming

May we sedate/anesthetize your pet if necessary? Yes No Call first

Owner release:

The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet while I'm absent will be treated as deemed best by the staff veterinarian(s) and I assume all responsibility for the treatment expense involved. I agree to pay fees for all services rendered at the time my pet is discharged from the hospital.

Signature: _____ Date _____ Phone for today _____