



Admission Form

Please fill in all information as completely as possible to ensure optimal care for your pet.

Owners Name: _____ Patient's Name: _____

Telephone number where you can be reached today: (____) _____

How long have you owned this pet? _____

Where did you obtain this pet? _____

Has your pet displayed any of the following in the last 2 weeks: (check if yes)

Sneezing ____ Coughing ____ Vomiting ____ Diarrhea ____

Has your pet ever had a seizure? No ____ Yes ____ explain _____

Has your pet had any previous:

...Illness? No ____ Yes ____ explain _____

...Injuries? No ____ Yes ____ explain _____

...Surgery? No ____ Yes ____ explain _____

...Drug or vaccine reaction? No ____ Yes ____ explain _____

Is your pet on any long-term medications? No ____ Yes ____

If yes, list all _____

Has your pet been given any medications in the last month? No ____ Yes ____

If yes, list type and why it was given: _____

If your pet is female:

When was her last heat cycle? _____ Unsure

Has she had any litters? No ____ Yes ____ If yes, when was the last? _____

Is your pet pregnant? No ____ Yes ____ Possibly ____

Has your pet been treated or dipped for fleas/ticks in the last month? No ____ Yes ____

If yes, what product was used? _____

When was the last time your pet was:

Heartworm tested? _____ Not tested ____ Unsure if tested _____

Leukemia/FIV tested? (cats) _____ Not tested ____ Unsure if tested _____

Is your pet on monthly heartworm prevention? No ____ Yes ____

If yes, what type? Heartguard Interceptor/Sentinel Revolution Iverheart Trifexis

When did your pet last eat? _____

How did you hear about Ohio Spay/Neuter Project?

Do you have a regular veterinarian? No ____ Yes ____ Name _____

Is your pet living: Inside, Outside, or Both (circle one)