



**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)