DAY ADMISSION FORM

To: Brix Veterinary Service – Veterinarians and Staff

Name of Owner:_____ **Name of Animal:**_____

Address:_____ **Species:**_____ **Breed:**_____

_____ **Sex:**_____ **Date of Birth:**_____

Contact Phone:_____ **Alternate Phone:**_____

Your pet will be hospitalized today, to allow a doctor to examine your pet as soon as possible. Please read through the following questions, and answer any that may apply to your pet. Please read and sign the authorization on the back of this form.

Everything was okay with my pet until _____.
Since then, _____
_____
_____

Is your pet lethargic? Yes No

Water intake has: Increased Decreased Not Changed

Appetite has: Increased Decreased Not Changed

When did your pet last eat?_____

Has your pet vomited? Yes No

If yes, please describe when it happened, color, and substance:_____
_____

My pet has: Normal Stools Constipation Diarrhea

If your pet has diarrhea, please describe when it happened, color, and consistency:_____
_____

Has your pet had access to foods other than recommended pet food? Yes No

If yes, what has your pet eaten?_____

My pet has: Lost Weight Gained Weight Not Changed

Is your pet: Lame Sore Injured

If yes, please describe:_____
_____

When did it start?_____

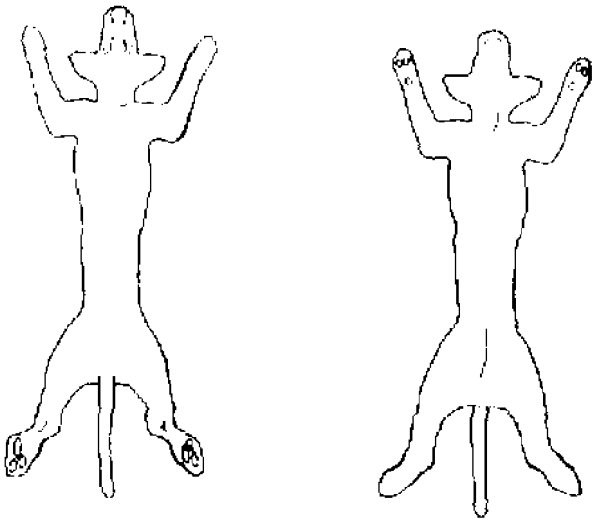
Has it: Worsened Improved Not Changed

Has this happened before? Yes No

OVER

If applicable, please indicate where the problem is on the diagram below:

TOPSIDE **BOTTOMSIDE**



Please include anything else you would like us to know:_____

_____

I, as the owner/agent for described animal, authorize and request an exam for my pet. I understand that sedation and/or pain medication will be provided if deemed reasonable.

Please check one of the following:

☐	**I authorize initial diagnostics, including radiographs and blood work if indicated for my pet. I authorize initial treatment, including fluid support and other supportive medications, to be started as indicated for my pet.**
☐	**I request that the doctor contact me after my pet has been examined to discuss recommended diagnostics and treatment. I can be reached at this phone number:**_____ **If I cannot be reached at this number, I authorize initial diagnostics, including radiographs and blood work if indicated for my pet. Further, if I cannot be reached, I authorize initial treatment, including fluid support and other supportive medications, to be started as indicated for my pet.**

I authorize anesthesia, surgery, and medications if needed for abscess, laceration, or other wounds, if my pet is presented for one of these problems. I understand and accept that when anesthesia is involved, there are always inherent risks, including death.

I understand that if external parasites (fleas, ticks, etc) are discovered on my pet, they will be treated to prevent their transmission to other animals in the clinic.

I understand that payment is due when the animal is released from the clinic, however, a deposit may be required after an estimate is prepared and discussed. I accept financial responsibility for charges incurred for this pet.

I have read and understand this authorization and consent.

_____ _____

Signature of Owner or Agent **Date**

_____ _____

Please Print Name of Owner **Witness to Signature**