



Pet's Name:

Owner:

Date:

Gender:

Breed & Color:

Age:

WELLNESS CARE – DAY ADMISSION APPOINTMENT

Your pet's doctor or nurse may need to call to review your pet's health status.

Please list the phone number(s) where we can reach you today:

→

CURRENT MEDICATIONS & SUPPLEMENTS:

Medication/Supplement	Dose	Dosing Frequency*	Last dose given	Next dose due
1				
2				
3				
4				
5				

*Q12H = every 12 hours or twice daily, QDAM = once in morning, QDPM = once in evening

ALLERGIES: Please list any known medication or food allergies or sensitivities: _____

DIET & APPETITE: Please describe your pet's feeding schedule, diet, and treats (type, brand, and amount)

ANY QUESTIONS FOR THE DOCTOR OR MINOR CONCERNS: Please list and describe for the doctor.

RECENT CHANGES IN YOUR PET: Please check any recent changes in your pet's condition, and then describe them in detail on the back of this form.

- | | |
|---|---|
| <input type="checkbox"/> Behavior, activity level, sleeping habits | <input type="checkbox"/> Breathing, coughing, or sneezing |
| <input type="checkbox"/> Weight change – in what time frame? | <input type="checkbox"/> Stumbling or falling? |
| <input type="checkbox"/> Gait, limping, or lameness – which leg(s)? | <input type="checkbox"/> Pain – where? |
| <input type="checkbox"/> Appetite change – increased, decreased? | <input type="checkbox"/> Difficulty rising or jumping? |
| <input type="checkbox"/> Water consumption – increased, decreased? | <input type="checkbox"/> Vomiting – frequency, how soon after meal? |
| <input type="checkbox"/> Urination – amount, quality, frequency? | <input type="checkbox"/> Skin, hair coat, lump(s) or ears? |
| <input type="checkbox"/> House soiling or incontinence | <input type="checkbox"/> Change in environment or going outdoors? |
| <input type="checkbox"/> Stool - amount or consistency | <input type="checkbox"/> Travel outside Seattle? |

FLEAS: We are dedicated to providing a *Flea Free Environment* for our patients. All pets are checked for fleas upon entry and discharge. If fleas are found on your pet, we will administer an appropriate flea treatment at an additional cost.

MORE INFORMATION:

- I'd like the ability to access my pet's medical records, lab results, and discharge instructions online
- I'd like more information about Atlantic Veterinary Hospital's Wellness Packages
- I would like more information about pet insurance

PERMISSION TO EXAMINE & TREAT: I give the doctors of Atlantic Veterinary Hospital permission to examine my pet and provide the following services due. Check all that apply:

<input type="checkbox"/>	Comprehensive Wellness Exam	<input type="checkbox"/>	Wellness Laboratory Screening
<input type="checkbox"/>	Vaccines Due	<input type="checkbox"/>	Urinalysis
<input type="checkbox"/>	Fecal Parasite Screening	<input type="checkbox"/>	Blood Pressure Screening (senior pets)
<input type="checkbox"/>	Heartworm Test (annual, for dogs)	<input type="checkbox"/>	Screening Radiographs (senior pets)

NON-MEDICAL SERVICES REQUESTED:

<input type="checkbox"/>	Microchip	<input type="checkbox"/>	Anal Glands Expressed
<input type="checkbox"/>	Toe Nail Trim	<input type="checkbox"/>	Hygiene Sani-Clip
<input type="checkbox"/>	Cleansing Spa Bath, Blow Dry & Brush	<input type="checkbox"/>	Combout or Mats Shaved

***We will call for authorization if more extensive grooming requires sedation for pet comfort or safe handling*

PICK-UP TIME REQUEST: What time would you like to pick-up your pet? _____

We will do our best to accommodate your request, but ask for your understanding if the care of your pet and our other patients does not allow it. *Please advise us of any special circumstances in regard to today's appointment.*

Owner/Authorized Agent: *(please print)* _____

Signature: _____

Date: _____

****This form must be thoroughly completed and signed to initiate care.****

Payment in full is required at patient discharge.

It's a pleasure to care for you and your pet. Thank you!