

Campbell Village Veterinary Hospital

7120 Campbell Road, Suite 110, Dallas, Texas 75248
Telephone (972) 931-9206 FAX (972) 380-1083

PATIENT: _____ DATE: _____

PATIENT ADMISSION FORM FOR EVALUATION/ HOSPITALIZATION/BOARDING REASON FOR VISIT/HOSPITALIZATION: _____

If your pet is here for a scheduled procedure, test or boarding, and has **NOT** experienced any changes since their last visit, please check here.

PROBLEMS ?

RECENT VOMITING ? _____ RECENT DIARRHEA/ SOFT STOOLS ? _____

NO If SO, for how long ? _____ What does it look like? _____

COUGHING / SNEEZING ? (which one) _____ For how long ? _____

HAVE YOU NOTICED--Poor appetite ?__ No appetite / Not eating at all ?__ Increased appetite ?__

NO Lethargy / decreased energy levels ? _____ Increased water consumption ? _____

Increased amounts of urine ? _____ If SO, For how long ? _____

EAR PROBLEMS ? _____ EYE PROBLEMS ? _____ SKIN PROBLEMS ? _____

NO If SO, For how long ? _____ Describe the problem _____

LAMENESS PROBLEMS ? _____ If SO, For how long ? _____

NO Has problem Improved ? _____ Worsened ? _____ Unchanged ? _____
Please describe _____

URINARY PROBLEMS ? _____ If SO, For how long ? _____ Have you noticed:

NO Increased frequency of urination ? _____ Increased amount of urine ? _____

Straining to urinate ? _____ Unable to urinate ? _____ Blood in urine ? _____

Please describe _____

IN THE EVENT WE FEEL IT IS NECESSARY TO PREFORM BLOODWORK, X-RAYS, OR OTHER DIAGNOSTIC TESTS OR BASIC TREATMENTS, WE WILL MAKE EVERY EFFORT TO OBTAIN YOUR APPROVAL IN A TIMELY MANNER. HOWEVER, IF WE DECIDE IN OUR MEDICAL JUDGEMENT TREATMENT IS WARRANTED, YOUR PET WILL BE TREATED AS NECESSARY.

PLEASE SIGN BELOW AS YOUR AGREEMENT AND APPROVAL.

Signature: _____ Date: _____

Telephone numbers where you or your agent can be contacted: _____