

Daytime Admit Form

Patient's name _____

Date: _____

Owner's name _____

Dogs:

K9 REQUIRED: EXAM current or needed

K9 REQUIRED: DHPP current or needed

K9 REQUIRED: BORD current or needed

K9 REQUIRED: RABIES current or needed

K9 Recommended: CIV current or declined

K9 Recommended: Lepto current or declined

Phone number(s) where we can reach you

Cats:

Cat REQUIRED: EXAM current or needed

Cat REQUIRED: RABIES current or needed

Cat REQUIRED: FPLCVR current or needed

Cat OPTIONAL: FELV current or declined

Blood work:
 Accept or Decline

Radiographs:
 Accept or Decline

Mild Sedation (if needed)
 Accept or Decline

If your pet is found to have fleas, medication will be administered and a fee will be charged.

Initial _____

*Pain medicine will be administered at the Doctor's discretion.

I understand that if WSAC is unable to get a hold of me and I have not authorized basic diagnostics then my pet's treatments and care may be delayed or postponed.

Initial _____

Some medications are available in different forms. If medications are required to be sent home, which do you prefer?

Liquid or Tablets or No Preference

Presenting Concern: _____

Duration of Concern: _____

Previous Medical History/Conditions: _____

Vomiting? Yes or No

If yes:

Any blood? Yes or No

Associated with any activity or time? _____

How frequent? _____

What does it look like? _____

Diarrhea? Yes or No

If yes:

Any blood? Yes or No

Associated with any activity or time? _____

How frequent? _____

What does it look like? _____

Lifestyle:

- Indoors ONLY Outdoors ONLY Indoor/Outdoor Goes for walks On a raw food diet
- Shares home w/pet that goes outdoors Hikes/Camps/Hunts

What time did your pet eat last? _____ Diet: _____

Any recent diet/treats/toy changes? _____

Has your pet had any medication(s), supplements, or flea medications in the last 24 hours? Y or N
If yes; which? _____

At what time? _____

Do you need a refill of any medications? If yes, which one(s):

I understand that my animal will be seen as soon as time allows, which may not be immediately. Critical patients will be seen immediately. Stable patients will be seen in order of priority of care. If I am unable to be reached by phone to discuss diagnostics and treatment plan my pet's treatments may be delayed.

Should the unanticipated need arise for life saving measures I give permission for WSAC to perform CPR and any and all life-saving procedures understanding that there is a fee associated with this. Initial: _____

OR

I need to be contacted before WSAC performs **extensive** life-saving procedures and do not want my pet resuscitated. Understanding that if I am unavailable to be contacted I allow West Salem Animal Clinic to make decisions regarding my pet. Initial: _____

I understand that all fees are due upon release of patient.

Client Signature: _____ Date: _____

WSAC Employee: _____