



COMPANION

ANIMAL HOSPITAL, SPRINGFIELD VA
Companions for life

Exam/Surgery/ Dental /Anesthesia Day Admittance Form

IMPORTANT: All patients admitted to the hospital for surgical or non-surgical procedures are REQUIRED to have a current rabies vaccination. If patients are not current according to our records, your animal will be vaccinated at the discretion of the veterinarian (charges will apply).

Today's Date: _____

Owner: _____

Pet's Name: _____

Primary reason for visit: _____

Additional services (vaccinations, etc)?

• Has your pet had any of the following symptoms? Please circle all that apply:

- | | |
|---------------------|---------------------|
| Increased drinking | Decreased drinking |
| Increased urination | Decreased urination |
| Increased appetite | Decreased appetite |
| Vomiting | Diarrhea |
| Coughing | Sneezing |
| Constipation | Blood in stool |
| Pain | Bad breath |
| Limping | Tumor / mass |
| Scratching | Skin problems |

Other: _____

• Is your pet on any medications? If so, what are they and when were they last given? _____

• Is your dog on monthly heartworm preventative? YES NO
What brand? _____ Refill? YES NO

• Is your dog/cat on monthly flea & tick control? YES NO
What brand? _____ Refill? YES NO

• Has your pet had any food today? YES NO
What time? _____

• Do we have your permission to administer anesthetics or sedatives necessary for certain procedures?
YES NO

• If any dental care will be performed, do you pre-approve any extractions that the doctor feels are necessary?
YES NO

VERY IMPORTANT

Please leave a number where you may be reached should the doctor need to speak with you. Important decisions may need to be made while your pet is with us today.

Phone Number(s): _____

I give permission for my pet to be treated as described above:

Owner's Signature: _____

CAH Employee's Initials: _____