



Austin Urban Vet Center

DAY ADMISSION FORM

YOUR First Name: _____ Last Name: _____ **PET** Name: _____

Contact number for today: _____ Email: _____

Preferred Method of Contact? **(circle one)** Call / Text

Doctor Preference? **(circle one)**

Dr. Erin Homburg / Dr. Helen Rudnick / Dr. Laurie Johnson / Dr. Kristen Kjellberg / No Preference

Problem/Symptoms Today / Duration of Symptoms: _____ Problem: better / same / worse

Patient History

Behavior: normal / depressed / lethargic

Lifestyle: % Indoor _____ % Outdoor _____

Coughing or Sneezing: No / Yes _____

Breathing Issues: No / Yes _____

Eye / Nasal Discharge: No / Yes _____

Appetite: normal / increased / decreased

Vomiting: No / Yes # of times: _____ # of days: _____

Stool: normal / diarrhea / constipation Color? _____ Blood? _____ Mucus? _____

Drinking: normal / increased / decreased

Activity: normal / increased / decreased

Mobility: normal / increased / decreased

Pain/Swelling: No / Yes _____

Skin: normal / red / itchy / hair loss / cuts / sores / lump

Heartworm/Flea Prevention: No / Yes _____

Vaccine Reaction: No / Yes

If the doctor deems it beneficial:

- I would like my pet to receive laser therapy today for \$39.00 Yes _____ (initial) No _____ (initial)
- I would like my pet to receive acupuncture today for \$40.00 Yes _____ (initial) No _____ (initial)

Please initial ONE:

_____ I authorize diagnostic tests such as, but not limited to, x-rays or bloodwork that the doctor deems necessary.

_____ Please call me at the number I have provided before any diagnostics / tests are performed.

Full payment is expected at time service is rendered. I understand there are risks associated with any procedure performed at Austin Urban Vet Center.

Signature _____

Date _____