



# 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** \_\_\_\_\_