



Day Admission Information

Your Name: _____ Contact Phone Today: _____

Email: _____

Pet Name: _____ Weight: _____

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

Where? _____

Heartworm/Flea Prevention: No Yes _____

Vaccine Reaction: No Yes

Current Medications: _____

Please initial one:

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

-OR-

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