



Austin Urban  
Vet Center

## Day Admission Information

Client Name: \_\_\_\_\_ Contact Phone Today: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Weight: \_\_\_\_\_

Problem/Symptoms Today: \_\_\_\_\_

Duration of Symptoms: \_\_\_\_\_ Problem: better same worse

### Patient History

Attitude: normal depressed lethargic

Lifestyle: % Indoor \_\_\_\_\_ % Outdoor \_\_\_\_\_

Coughing or Sneezing: No Yes \_\_\_\_\_

Breathing Issues: No Yes \_\_\_\_\_

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: \_\_\_\_\_