

Lake Austin Boulevard Animal Hospital
Admitting Form

Please be sure to fill out our form completely and legibly.

Owner's Name: _____ Pet's Name _____ Date _____

Best #s to reach you today: _____

Pet Admitted for: Annual Exam/Vaccinations
 Continued Care/Recheck _____
 Other (i.e. labwork, flea/parasite treatment, x-rays, etc.) _____
 Illness: Chief Complaint: _____

History:

Has your pet shown any sign of the following?

<input type="checkbox"/> Vomiting?	How long? _____	<input type="checkbox"/> Coughing?	How long? _____
<input type="checkbox"/> Diarrhea?	How long? _____	<input type="checkbox"/> Sneezing?	How long? _____
<input type="checkbox"/> Constipation?	How long? _____	<input type="checkbox"/> Urination? More or Less?	How long? _____
<input type="checkbox"/> Lethargy?	How long? _____	<input type="checkbox"/> Drinking? More or Less?	How long? _____
<input type="checkbox"/> No Appetite?	How long? _____	<input type="checkbox"/> Weight Loss or Weight Gain?	_____
<input type="checkbox"/> Excessive Appetite?	How long? _____	<input type="checkbox"/> Unusual Lumps or Growths?	_____
<input type="checkbox"/> Scratching?	How long? _____	<input type="checkbox"/> Limping? Which leg? _____	How long? _____

Yes No

Did your pet eat this morning?
 Has your pet ever had any reaction to medications?
 Has your pet ever had any reaction to vaccinations?
 Has your pet ever had any reaction to anesthesia?
 If your pet is a cat, is he/she 100% indoors?

Yes No

Is your pet currently on any medication(s)?
If yes, please list:

Name(s): _____

Last dose given: _____

Anything else we need to know? _____

LABAH (Lake Austin Boulevard Animal Hospital) will contact you if additional diagnostics (i.e. x-rays, bloodwork) are necessary. In the event we cannot get in contact with you, does LABAH have permission to run additional tests?

Yes No _____

Signature

***Payment for services is due at time of pick-up.
For your convenience, please contact the office before picking up your pet.***