



HOSPITAL ADMISSION FORM
(To be filled out on the day of admission.)

VETERINARY HOSPITAL & HOTEL

Owner's Name: _____ Patient: _____

Where and when can you be reached while your cat is in our care?

Phone #1 _____ Cell/Work/Home/Other

Are we able to text this number if necessary? Yes / No

Phone #2 _____ Cell/Work/Home/Other

Are we able to text this number if necessary? Yes / No

Reason for Hospitalization/Procedure Requested _____

When did your cat last eat? _____ **Type and brand of food your cat eats:** _____

Does this cat go outside? Never Occasionally A lot

On any medications? No Yes **Name of medication(s):** _____

Last Dose Given: _____ (Date) _____ (Time)

YES NO Check \checkmark where appropriate and write in details

Sneezing: For how long? _____ How often? (#/hrs or #/days) _____

Nasal Discharge: Right Left Both nostrils

Coughing: For how long? _____ How often? (#/hrs or #/days) _____

Runny eyes: For how long? _____ Right Left Both eyes

Vomiting: For how long? _____ Frequency per day _____
 Food Hair Grass Fluid color: _____

Diarrhea: For how long? _____ Liquid Soft Blood Mucous Hair Gas
 Foreign Material type: _____ Straining – frequency per day: _____

Abnormal Urinations: For how long? _____ Blood in urine Straining to urinate
 Urinating in unusual places (where: _____) Stools in litterbox? Yes No

Weight Loss: How much? _____ For how long? _____

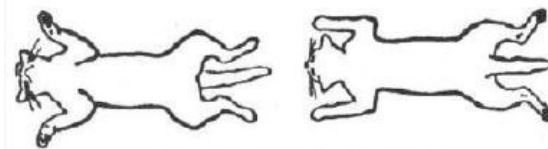
Change in Food Consumption: Increased Decreased Not eating at all for _____ days.

Increased Water Intake: For how long? _____ A little increase A large increase

Depressed/Listless: For how long? _____

Limping: For how long? _____ Which leg? Left front Right front Left rear Right rear

Wounds/Lumps: Location: _____
(indicate on cat chart below)



USE REVERSE SIDE FOR ANY ADDITIONAL HISTORY OR INFORMATION

Signature: _____ Date: _____

Printed Name: _____