

## Ruskin Animal Hospital Drop-Off Admission Form

Pet's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

The information you provide below will let us know the best way to help your pet and how to exceed your expectations. It is important to be as accurate and as thorough as possible.

Please leave 2 telephone numbers where you can be reached today: #1: \_\_\_\_\_

#2: \_\_\_\_\_

Your pet will receive a comprehensive physical exam today (\$50.99). We will call you to discuss our findings/recommendations and further estimated costs for services/diagnostics.

What is the reason for today's visit? \_\_\_\_\_

Did you pet eat this morning? ( ) Yes ( ) No Time? \_\_\_\_\_

Is your pet sick? ( ) Yes ( ) No Major Complaint? \_\_\_\_\_

Has your pet been treated for this condition before? ( ) Yes ( ) No If yes, when? \_\_\_\_\_

Current Diet \_\_\_\_\_ # Feedings today \_\_\_\_\_ Is he/she given table scraps? ( ) Yes ( ) No

Is your pet on Heartworm Preventative? ( ) Yes ( ) No Flea and Tick Preventative? ( ) Yes ( ) No

Is your pet currently on any medications? ( ) Yes ( ) No If yes, what and last dose? \_\_\_\_\_

If your pet is a diabetic – did they receive insulin this morning? ( ) Yes ( ) No At what time? \_\_\_\_\_

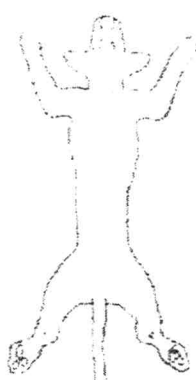
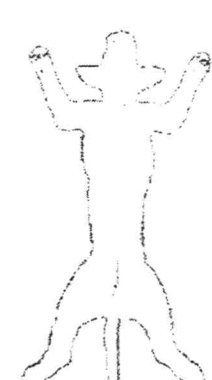
Type? \_\_\_\_\_ How many units? \_\_\_\_\_

Is your pet scratching, shaking head or scooting? ( ) Yes ( ) No How long? \_\_\_\_\_

Where? \_\_\_\_\_



# How is your pet feeling?

Symptoms	YES	NO	If "YES", please circle relevant words/phrases
Change in appetite			Not eating at all / Decreased appetite / Will eat treats only Eating more than usual / Diet change ____ days/months ago
Change in drinking			Drinking more / Drinking less / Not drinking at all
Vomiting			White / Yellow / Pink / Food / Got into trash / recent diet change History of hairballs / history of eating toys or string
Diarrhea			Watery / blood tinged / bloody / mucous/straining
Change in urination			Bloody urine / increased frequency / increased amount of urine Smaller urine amounts but more frequently / Urinating out of box Straining / Vocalizing / Accidents at home / licking vulva or penis
Coughing or sneezing			Moist / dry / honking / occurs at night / occurs during day Seasonal
Lumps / Bumps  Please note on the drawings lumps and bumps ->			<div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>Left TOPSIDE Right</p>  </div> <div style="text-align: center;"> <p>Right UNDERSIDE Left</p>  </div> </div>

Additional Information – include when you first noticed the signs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Some diagnostic tests help us in detecting problems that are not found on a physical examination. We will contact you following your pet's physical examination and provide an estimate for recommended testing.

Additional services requested today:

( ) Ear cleaning      ( ) Nail trim      ( ) Vaccination Update      ( ) Fecal  
( ) Microchipping      ( ) Anal Gland Expression      ( ) Heartworm Test

I authorize Ruskin Animal Hospital to perform the procedures as indicated above.

Prescription Refills (indicated medication name, current dosage, and quantity):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

I understand a staff member will contact me after the doctor has examined my pet to discuss any recommended testing or treatments. I also understand that the doctor will be unable to proceed with any testing or treatments until a staff member has spoken directly with me and I have authorized the treatment and the charges associated with it. I also authorize the hospital staff, in an emergency situation, to perform any additional procedures necessary for the well-being of my pet until further communication with me. Payment is due at the time of discharge. I understand that follow-up examinations and additional treatments are not covered in today's price. I understand that no guarantee for successful treatment is made. Patients entering the hospital must be current on vaccinations unless here to receive today or medically contraindicated.

I understand that I will be charged for administration of flea medication if evidence of flea infestation is found on my pet today.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Admitted by: \_\_\_\_\_

Current on vaccines: YES NO Update Today

Carrier / Leash left with pet: YES NO

Meds left with patient: YES NO

