

Day Admission Form



Hill Country Veterinary Hospital

Pet Name: _____
Client Name: _____
Contact number for today: _____
Email: _____
Preferred method of contact: (circle one) call / text
Last time my pet ate: _____
Last time my pet went to the bathroom: _____ Urine / BM / Both

Doctor Preference? (circle one) *Note: We will do our best to honor your preference. However, in the event that urgent medical care is needed, or if your preferred doctor is out of the office, your pet will be examined by the first available veterinarian.*

Dr. Erin Homburg / Dr. Benet Sandell / Dr. Ginger Davis / Dr. Kristen Berdan

Reason for Visit & Duration of Symptoms: _____

Behavior: normal / depressed / lethargic	Drinking: normal / increased / decreased
Lifestyle: % Indoor _____ % Outdoor _____	Pain / Swelling: No / Yes
Coughing or Sneezing: No / Yes	Skin: normal / red / itchy / hair loss / cuts / sores
Breathing Issues: No / Yes	Lumps or Masses: No / Yes
Eye / Nasal Discharge: No / Yes	Mobility: normal / increased / decreased
Appetite: normal / increased / decreased	Vaccine Reaction: No / Yes
Vomiting: No / Yes	On Heartworm/Flea Prevention?: No / Yes
Stool: normal / diarrhea / constipation	Medication Refills Needed: No / Yes
Urination: normal / abnormal	_____

Please Initial ONE:

____ I authorize diagnostic tests such as, but not limited to, x-rays or bloodwork that the doctor deems necessary
____ Please call me at the number I have provided before any diagnostics/tests are performed.

Full payment is expected at time service is rendered. I understand the risks associated with procedures performed at Hill Country Veterinary Hospital.

Signature _____ Date: _____

TECH INITIALS: _____ NOTES: _____
WEIGHT: _____ TEMP: _____