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## Medical Admittance Form

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

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Admitted Pet's Name \_\_\_\_\_

My concerns about my pet include (please check all that apply):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Ears (left, right or both)                  | <input type="checkbox"/> May have eaten toxin (such as _____) | <input type="checkbox"/> Lethargic (lack of energy) |
| <input type="checkbox"/> Eyes (left, right or both)                  | <input type="checkbox"/> Seizure                              | <input type="checkbox"/> Limping (which leg _____)  |
| <input type="checkbox"/> Hair loss (location _____)                  | <input type="checkbox"/> Diarrhea                             | <input type="checkbox"/> Pain (location _____)      |
| <input type="checkbox"/> Itchy skin (location _____)                 | <input type="checkbox"/> Vomiting                             | <input type="checkbox"/> Wound (location _____)     |
| <input type="checkbox"/> Eating less than normal                     | <input type="checkbox"/> Straining to defecate                | <input type="checkbox"/> Other: _____               |
| <input type="checkbox"/> Drinking more than normal                   | <input type="checkbox"/> Straining to urinate                 | _____   |
| <input type="checkbox"/> May have eaten foreign body (such as _____) | <input type="checkbox"/> Urinating more frequently            | _____   |

Date and time problem was first noted: \_\_\_\_\_

The problem is:  Getting worse  Getting better  About the same  Recurring

My pet is on the following medications: \_\_\_\_\_

Please provide information you feel may be pertinent to your pet's condition (continue on the back of the paper if necessary):

\_\_\_\_\_  
\_\_\_\_\_

Your pet will be examined by the first available doctor. The doctor will contact you by phone to discuss her recommendations. The exam is \$76.95. An estimate for diagnostic or treatment options will be presented to you prior to proceeding. ***It is extremely important that the doctor be able to reach you or someone else able to make decisions for your pet by phone.*** Please leave as many alternative contacts as possible (work, cell phone and pager numbers).

Phone number(s): \_\_\_\_\_

Companion Veterinary Hospital is dedicated to providing a Flea Free Environment. **If fleas are found on your pet we will administer parasite control. The charge for this treatment ranges from \$20-40, depending on your pet's weight.** Please inform us if you have used any flea preventatives within the last month.

Signature of Pet Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_