

**Wolf Creek Veterinary Clinic
Day Admission Form**

Please take the time to COMPLETELY fill out this form to better enable the doctor to evaluate your pet's condition.

Owner's name: _____ Pet's name: _____

Contact number where you can be reached **today**: _____

Presenting problem & duration: _____

Appetite? Y N If YES: normal increased decreased

If NO since when: _____

Urination? Y N If YES: normal increased decreased

If NO since when: _____

Vomiting? Y N If YES: How often & since when? _____

What does it look like? _____

Diarrhea? Y N If YES: straining blood mucus
watery soft firm

How often? _____

Water Consumption? normal increased decreased

Is your pet: inside only inside/outside outside only

Current medications: _____

What do you feed your pet: Dry Food Wet Food Treats

Brand: _____

Brand: _____

Has your pet eaten anything unusual? _____

Is there anything else we should know? _____

Is your pet on Flea & Tick prevention? Y N Brand: _____

If yes, when applied last? _____

If parasites (fleas, ticks, ear mites, intestinal parasites, etc.) are found on your pet while visiting our facility do we have your permission to treat them accordingly? Y N

Please initial **ONE** of the following:

_____ I give permission to Wolf Creek Veterinary Clinic to perform any and all
Necessary medical and surgical treatments for the above named pet.

_____ I request to be contacted before treatments are performed in excess of
\$ _____

Signature: _____ **Date:** _____

