



# INDIAN HILLS ANIMAL CLINIC

8650 W. Central Ave - Wichita KS 67212 - Phone: 942-3900

## PATIENT DAY ADMITTANCE FORM

**TO HELP US DO A THOROUGH JOB EXAMINING AND/OR TREATING YOUR PET, PLEASE PROVIDE THE FOLLOWING INFORMATION. PLEASE PRINT.**

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

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

Telephone number(s) where you can be reached today: \_\_\_\_\_

What time would you like to pick up your pet? \_\_\_\_\_

Would you like a call or a text when your pet is ready to go home?  Text  Call

### GENERAL HEALTH INFORMATION:

Is your pet microchipped?  Yes  No

Pet's Diet (brand name): \_\_\_\_\_ How much do you feed your pet daily: \_\_\_\_\_

Daily Environment:  Indoors Only  Outdoors Only  Indoors & Outdoors

Do you have any other pets?  Yes  No If yes, please list: \_\_\_\_\_

Does your pet spend time around any other animals?  Yes  No

Is your pet on flea and heartworm preventative? Please check which one(s) your pet receives monthly.

Simparica Trio  Proheart **6** or **12**  Nexgard  Simparica  Frontline Plus  
 Revolution  Other: \_\_\_\_\_

Is your pet on any other medications or vitamins?

Yes, please list name, dose, and frequency  No, my pet does not take any medications or vitamins

Medication Name #1: \_\_\_\_\_ Dose / Frequency: \_\_\_\_\_

Medication Name #2: \_\_\_\_\_ Dose / Frequency: \_\_\_\_\_

Medication Name #3: \_\_\_\_\_ Dose / Frequency: \_\_\_\_\_

Vitamins / Supplements: \_\_\_\_\_

What time and date did your pet last receive their medication(s)? \_\_\_\_\_

### APPETITE AND HABITS

Appetite:  Normal  Increased  Decreased

Water Consumption:  Normal  Increased  Decreased

Bowel Movement:  Normal  Abnormal

Urination:  Normal  Increased  Decreased

PLEASE EXPLAIN IF NEEDED:

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

CONTINUE ON BACK 

**TODAY'S MEDICAL CONCERNS:**

PLEASE CHECK ANY SYMPTOMS / MEDICAL CONCERNS YOU HAVE SEEN.

<b>APPEARANCE:</b>				
<input type="checkbox"/> Lethargic / Depressed	<input type="checkbox"/> Losing Weight	<input type="checkbox"/> Weight Gain		
<b>EYES:</b>				
<input type="checkbox"/> Abnormal Discharge	<input type="checkbox"/> Scratching Eyes	<input type="checkbox"/> Abnormal Growth		
<b>EARS:</b>				
<input type="checkbox"/> Itching / Scratching	<input type="checkbox"/> Redness / Inflammation	<input type="checkbox"/> Abnormal Odor	<input type="checkbox"/> Abnormal Discharge	
<b>SKIN:</b>				
<input type="checkbox"/> Itching / Scratching / Licking	<input type="checkbox"/> Hairloss	<input type="checkbox"/> Scooting	<input type="checkbox"/> Tumor or Growth	
<input type="checkbox"/> Redness / Inflammation	<input type="checkbox"/> Wound	<input type="checkbox"/> "Hot Spot"		
<b>GASTROINTESTINAL:</b>				
<input type="checkbox"/> Anorexia	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Constipation	<input type="checkbox"/> Blood In Stool
<b>MUSCULOSKELETAL:</b>				
<input type="checkbox"/> Lameness / Limping	<input type="checkbox"/> Pain			
<b>NERVOUS SYSTEM:</b>				
<input type="checkbox"/> Abnormal Behavior	<input type="checkbox"/> Seizures			
<b>UROGENITAL:</b>				
<input type="checkbox"/> Urinating Frequently	<input type="checkbox"/> Not Urinating	<input type="checkbox"/> Blood In Urine	<input type="checkbox"/> Urinating In Unusual Places	

**SPECIFY CONCERNS (I.E. LIMPING ON LEFT LEG, GROWTH ON FOREHEAD, GREEN LEFT EYE DISCHARGE):**

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Duration of Concerns (Hours, Days, Weeks, Months): \_\_\_\_\_

Has your pet eaten within the last 12 hours?    Yes    No

Any additional comments?

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In addition to a physical examination, we may need to run tests or do other procedures to achieve an accurate diagnosis. We will make every effort to contact you at the above number(s) if any additional procedures or tests may be necessary. Your animal will be seen at our earliest convenience during our hospital schedule. Our goal is to give your pet the best possible medical care available.

**I give the doctors of Indian Hills Animal Clinic permission to examine my pet and I understand that I am responsible for payment of services at the time of dismissal of my pet.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_