



Duluth Animal Hospital Inpatient Admittance

Pick-Up Hours

Mon-Thurs until 6:30 PM
Fri until 5:30 PM

Your Name _____ Pet's Name _____

Phone Number _____ Email _____

Medical History

- Yes No Did your pet eat this morning?
 Yes No Does your pet swim or drink from lakes or streams?
 Yes No Is your pet currently on any medications? _____
 Yes No Has your pet had a past reaction to any medications, vaccines, or anesthesia? _____
 Yes No If feline, does your cat spend time outside? (This includes balconies, screened porches, etc.)

When was your pet's last dose of Heartworm Prevention given? _____

When was your pet's last dose of Flea Prevention given? _____

- | | | | |
|-----------------------------|-----------|--------|-----------|
| Is your pet's appetite: | Decreased | Normal | Increased |
| Is your pet's drinking: | Decreased | Normal | Increased |
| Is your pet's energy level: | Decreased | Normal | Increased |
| Is your pet's urination: | Decreased | Normal | Increased |



Please indicate if your pet has recently exhibited any of the following symptoms :

- | | |
|--|---|
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Wounds |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Rashes or Hair Loss |
| <input type="checkbox"/> Gagging or Coughing | <input type="checkbox"/> Tooth/Mouth Problems |
| <input type="checkbox"/> Scratching | <input type="checkbox"/> Eye Problems |
| <input type="checkbox"/> Shaking Head | <input type="checkbox"/> Unusual Bumps – Where? _____ |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Limping – Which Leg? _____ |
| <input type="checkbox"/> Sneezing | <input type="checkbox"/> Other (please explain) _____ |

Services You Would Like Performed Today

- Vaccinations
- Nail Trim **Only** \$14.80
- Anal Gland Expression **Only** \$21.00
- Microchip \$59.80
- Bath **Only** (no haircut) - Baths include Nail Trim, Anal Gland Expression, Ear Cleaning, Brush Out. Price Varies.
- Groom (Bath + Haircut) - Grooms include Nail Trim, Anal Gland Expression, Ear Cleaning, Brush Out. Price Varies.

Refills : Are there any foods, products, or prescriptions (including Heartworm or Flea Prevention) you would like to have filled and ready when you pick up? _____

Signature _____ Date _____