



Bear Creek Veterinary Hospital

ADMITTING FORM

Client Name _____ Pet Name _____

Phone # (Where we can reach you): _____

E-mail _____

Preferred method of contact _____

Briefly describe your pets condition: _____

Does your pet have any vomiting or diarrhea? (If yes please describe): _____

What is the length of your pets present condition? _____

Is your pet eating and drinking normally? (Did your pet eat today): _____

Is your pet taking any medication? (If yes please list, and last time medicated): _____

Is your pet allergic to any medications? (If yes please list): _____

Have there been any changes in your pets urinary habits? _____

Is your pet current on Vaccinations? (If yes from where): _____

Please be aware when you drop off your pet there will be an additional fee for hospital cage occupancy in addition to the examination fee.

Signature: _____ **Date:** _____