

**Norfolk County Veterinary Service  
Hospital Admittance Form**

Pet Name \_\_\_\_\_ Date \_\_\_\_\_

Today's Treatment \_\_\_\_\_

Within the last two weeks, has there been any coughing, sneezing, vomiting or diarrhea?  
No\_\_\_ If yes\_\_\_, please explain:

Behavior changes? No \_\_\_ If yes\_\_\_, please explain:

How is your pet's appetite and water intake?

Has your pet been fasted for the last 12 hours? If not please explain?

Limping/lameness? Which leg?

Is your pet on any prescription or over the counter medications?

What are they and when was the last dose given?

Are there any special concerns we should know about? Yes \_\_\_ No\_\_\_ If yes, please explain.

If a growth is being removed from your pet, do you want it sent for biopsy? Yes\_\_\_ No\_\_\_

Do you have any questions about today's procedures?

If we do not have the most recent vaccine history in our records, Norfolk County Veterinary Service requires proof of rabies and distemper vaccination upon admittance.

Please provide us with two phone numbers where you can be reached before, during, or after you pet's procedure.

1. # \_\_\_\_\_ 2. # \_\_\_\_\_

I certify the above information is correct to the best of my knowledge.

Please sign \_\_\_\_\_

