

**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 _____

