



South Bend Animal Clinic

3224 Lincoln Way West
South Bend, IN 46628
Telephone (574) 232-1459
Fax (574) 232-7822

Admittance History Form

Pet's name: _____ Owner name: _____ Date: _____

Contact phone number: _____

Alternate contact person and/or phone number: _____

1. **Is your pet eating?** yes no (circle one)
A. What food and how much are you feeding your pet? _____
B. How often are you feeding your pet? _____
C. What treats do you give your pet? _____

2. **How is your pet drinking?** normal increased decreased (circle one)

3. **Has your pet been vomiting?** yes no (if **yes** answer questions A, B, C, & D)
A. How often does your pet vomit? _____
B. How long has your pet been vomiting? _____
C. What is the appearance of the vomit (example: food, blood, foam, yellow, etc.) _____
D. How long after eating does the vomiting occur? _____

4. **Has your pet had any diarrhea?** yes no (if **yes** answer questions A, B, and C)
A. How many times a day? _____
B. How long has your pet had diarrhea? _____
C. What is the appearance of the diarrhea (example: watery, pudding consistency, bloody, etc.) _____

5. **Is your pet urinating:** normal increased decreased (circle one)

6. **How is your pet's activity level?** normal increased decreased (circle one)

7. **What heartworm and flea or tick preventions are you using and when was the last dose given?**

Heartworm meds: Heartgard Revolution Trifexis Other _____ *Date of Dose:*

Flea meds: Frontline Revolution Nexgard Trifexis Other _____ *Date of Dose:*

8. **What other medication or supplements have you given your pet and when was the last dose?**

9. **Are there any other problems that concern you (skin, ears, mouth, etc)?**
