

Veterinary Surgical Specialists of New Mexico, P.C.

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Veterinary Emergency & Specialty Center of
New Mexico

ADMISSION FORM

Owners Name: _____ Date: _____
Home Address: _____ City: _____
State: _____ Zip: _____ Home Phone: _____ Mobile Phone: _____
Place of Employment: _____ Work Phone: _____
Referring Veterinarian: _____ Clinic Name: _____
Veterinary Hospital Phone: _____
Pet's Name: _____ Breed: _____ Date of Birth: _____
Sex: M or F Neutered/Spayed
Color: _____

History: Please place "N/A" if not applicable or does not apply.

- 1) What do you typically feed your pet? _____ Volume _____ Frequency _____
- 2) Have you fed your pet today? YES or NO (Circle one); If yes, at what time? _____
- 3) Generally what is your pet's activity level? _____ Sedentary; _____ Minimal exercise
_____ Moderate exercise; _____ Heavy exercise
- 4) For what problem are we seeing your pet today? _____

- 5) When did you first notice a problem? _____
- 6) What symptoms did you first notice? _____
- 7) Has the problem improved, worsened, or remained static since its initial onset? (circle one)
- 8) If this is an orthopedic problem, is it worsened by exercise? YES or NO (circle one)
- 9) Is the problem more evident at a certain time of day? _____
- 10) Please list any medications you are currently giving your pet to treat this problem, if possible include dose, frequency, duration, and whether any response is noted. _____
- 11) Please list any medications you have given your pet in the past to treat this problem; if possible include dose, frequency, duration, and whether any response was noted. _____

- 12) Did your veterinarian perform any tests/diagnostic procedures? If so, what? _____

- 13) Does your pet have any allergies to medications, history of seizures, or other pertinent medical information? _____

Payment may be made by cash, personal check (with proper identification, all checks run through Telecheck), money order or accepted credit cards. All returned checks will incur a charge of \$35.00. Checks not paid within 3 days of return are submitted to the District Attorney's Office for legal prosecution: "Bad Check Restitution Program"