

# 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? \_\_\_\_\_

FORM OF PAYMENT: CASH \_\_\_\_\_ CHECK \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ AMEX \_\_\_\_\_ CARE CREDIT \_\_\_\_\_