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### HOSPITAL HEALTHY PET ADMISSION FORM

PLEASE NOTE: PAYMENT IS **REQUIRED** AT TIME OF DISCHARGE.

Owner's Name: \_\_\_\_\_ Contact Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Species: **Canine**  **Feline**

I **authorize** Schulhof Animal Hospital to perform the following:

**Exam:** Annual Exam  Semi-Annual I Exam  Semi-Annual II Exam  Well Pet Exam  Feline Senior Exam

**Vaccines:** Rabies  Distemper  Bordetella  Lyme  Leukemia  Influenza

**Tests:** Heartworm/Lyme  Heartworm (only)  Lyme C6  Distemper/Parvo Titer   
Feline Bartonella  FeLeuk / FIV  Fecal - Ova & Parasites  Fecal - Giardia

**Other Labwork and/or Tests:** \_\_\_\_\_

#### **SNAP LYME TEST RESULTS**

If your pet tests **POSITIVE** for Lyme disease , would you like us to:

Get your permission before proceeding with additional testing  Send out a Lyme Quantitative C6 Test (additional cost)

The **Lyme Quantitative C6 Antibody Test** is a reference laboratory test which allows us to quantify the results from our in-house SNAP Lyme Test and to determine if your pet has an active Lyme infection which would require treatment.

#### **GENERAL INFORMATION**

Describe your pet's diet: \_\_\_\_\_

**Appetite:** Normal  Excessive  Poor  Absent  **Water Consumption:** Normal  Increased  Decreased

**Energy Level:** Normal  Increased  Decreased  **Coughing:** Yes  No  **Sneezing:** Yes  No

**Is your pet currently getting a:** Heartworm Preventive  Flea & Tick Preventative  **How Often:** \_\_\_\_\_

**Does your pet have:** Bad Breath  Pain when chewing  Bleeding from their gums

**Please list any supplements/meds and when they were last given:** \_\_\_\_\_

#### **GASTROINTESTINAL INFO**

**Has your pet vomited recently:** Yes  No  **If 'YES', how often:** \_\_\_\_\_ **Last Episode:** \_\_\_\_\_

**What is your pet vomiting:** Food  Water  Bile  Hairballs  Other  \_\_\_\_\_

**How would you describe your pets recent bowel movements: (select all that apply)**

Normal  Hard  Soft  Diarrhea  Constipated  Bloody  Mucous  Unsure

**Additional Info:** \_\_\_\_\_

#### **MUSCULOSKELETAL INFO**

**Does your pet have: (select all that apply)** Neck Pain  Back Pain  Painful area  Swelling

Lameness  Difficulty walking down stairs  Difficulty walking up stairs  Trouble standing up

**MUSCULOSKELETAL INFO (CONTINUED)**

Is your pet's condition: Constant  Intermittent  Is it: Worse after exercise  Worse after resting

Has your pet been licking or biting at a specific area: Yes  No  If 'YES', where: \_\_\_\_\_

How long has your pet had the above condition(s): \_\_\_\_\_

Additional Info: \_\_\_\_\_

**URINARY INFO**

How would you describe your pet's current urinary behavior: (select all that apply)

Normal  Bloody  Change In Odor  Straining  Incontinent  Weak Stream

Increased Frequency  Decreased Frequency  Increased Volume  Decreased Volume

Additional Info: \_\_\_\_\_

**EAR INFO**

How would you describe your pet's current ear condition(s) : (select all that apply)

Normal  Red  Dirty  Waxy  Foul Odor  Itchy  Oozing  Bleeding  Swollen

Have you noticed these conditions in your pet's: Left Ear  Right Ear  Both Ears

Is your pet shaking their head: Yes  No  Scratching or Rubbing their ears: Yes  No

Additional Info: \_\_\_\_\_

**SKIN INFO**

How would you describe your pet's current skin condition(s) : (select all that apply)

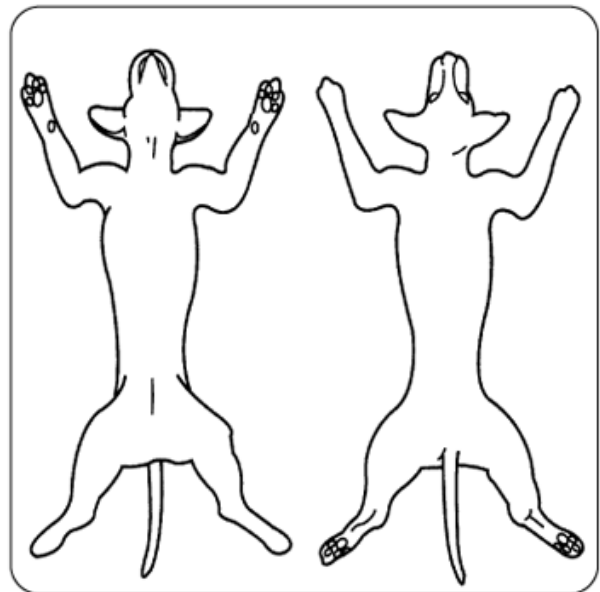
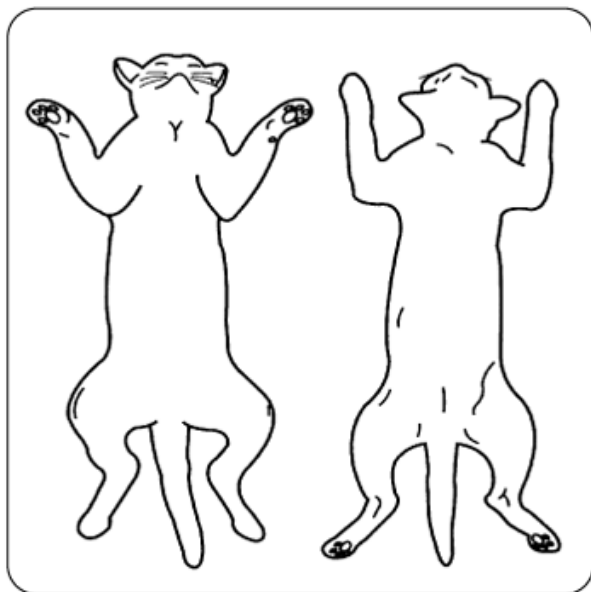
Normal  Itchy  Red  Oozing  Wound  Bleeding  Rash  Dry/Flaky  Smelly

Is there lump or growth: Yes  No  If 'YES', has it changed in size: Larger  Smaller  Same

How long has your pet had the above condition(s): \_\_\_\_\_

\*\*Please illustrate on the anatomical chart below where the lump(s) / growth(s) / skin condition(s) are located. \*\*

Additional Info: \_\_\_\_\_



Date \_\_\_\_\_

Signature of Owner or Responsible Party