

Walter H. Marsch, DVM

Patrick J. Marsch, DVM

## Day Admission

Owner's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_ Date \_\_\_\_\_

Phone number(s) where you can be reached today \_\_\_\_\_

Reason for drop off \_\_\_\_\_

Is your pet exhibiting any of the following symptoms?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Vomiting             | <input type="checkbox"/> Weight Loss          | <input type="checkbox"/> Urinating Frequently |
| <input type="checkbox"/> Diarrhea             | <input type="checkbox"/> Hair Loss            | <input type="checkbox"/> Blood in Urine       |
| <input type="checkbox"/> Coughing/Gagging     | <input type="checkbox"/> Itching              | <input type="checkbox"/> Lameness             |
| <input type="checkbox"/> Weakness             | <input type="checkbox"/> Difficulty Urinating | <input type="checkbox"/> Ear Problems         |
| <input type="checkbox"/> Sneezing             | <input type="checkbox"/> Eye Discharge        |   |
| <input type="checkbox"/> Increased Thirst     | <input type="checkbox"/> Eye Redness          |   |
| <input type="checkbox"/> Other Concerns _____ |   |   |

Please describe in detail (i.e. duration, frequency) \_\_\_\_\_

I, the owner of \_\_\_\_\_, hereby give permission to do the following tests for my pet if deemed necessary by Dr. Marsch.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Heartworm Test     | <input type="checkbox"/> Baseline Blood Work | <input type="checkbox"/> Other diagnostic tests as Dr. Marsch deems necessary |
| <input type="checkbox"/> Fecal              | <input type="checkbox"/> Urinalysis          |   |
| <input type="checkbox"/> Sedation if needed | <input type="checkbox"/> X-rays              |   |

*-any animal with fleas or flea dirt will be treated at the owner's expense.*

*-all vaccinations must be current before admission unless waived by Dr. Marsch for medical reasons.*

Personal Items Left? List if yes. \_\_\_\_\_

Is your pet on any daily medication? \_\_\_\_\_

Do you need any flea/heartworm prevention, food or other items at discharge? \_\_\_\_\_

What time will you be back to pick up your pet? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_