Rye Harrison Veterinary Hospital
Gary Yarnell, DVM, Director
170 North Street, Rye New York 10580
Phone: 914-921-2000
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Hospital Admission Form

In order to provide your pet with the best possible medical care, please take a few minutes to fill out this medical history questionnaire. Your pet cannot speak to us, so please give us your most accurate assessment of his or her condition. Your pet is counting on you.

Owner_____ Date_____
Address_____
Telephone/Work_____ Telephone/Home_____
Number where you can be reached today_____
Pet's Name _____Breed_____ Sex_____ Age_____ Color_____
Is Animal Altered or Spayed_____ Date of last vaccination_____ Regular Diet_____

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1. Brief description of symptoms:

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2. How long have symptoms been going on?_____
3. Have they occurred previously?_____
4. If so, when? _____

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5. Check each of the following:

Appetite: Good _____ Fair_____ Bad_____ None_____ Last fed_____
Drinking: Increased_____ Decreased _____ Normal_____
B.M's: Normal _____ Hard_____ Soft_____ Diarrhea_____
Vomiting: Yes_____ No _____ If so, how long?_____
Urination: Normal _____ Abnormal _____
If Abnormal, please describe:
Coughing: Yes_____ No _____ If so, how long _____
Sneezing: Yes _____ No _____ If so, how long _____
Bleeding: Yes _____ No _____ If so, how long _____
If yes, from where? _____
Is animal on any medication? _____
Does animal go out unsupervised? Yes_____ No_____

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6. ANY OTHER WORK TO BE DONE WHILE ANIMAL IS HERE?

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If sedation is necessary for treatment or handling, I give permission to the Rye Harrison Veterinary Hospital to administer such medications.

All animals entering the hospital must be up to date on vaccinations and free of external parasites, (fleas, ticks, etc.) or they will be treated upon entry at owner's expense. I authorize the Rye Harrison Veterinary Hospital to do whatever necessary should an emergency situation arise. Payment is required when animal is released.

Signed_____