

Animal Medical Center of Chicago
Hospitalized Patient Questionnaire

Today's Date _____

Client Name _____

Patient Name _____

I can be reached at the following phone numbers:

_____ time
_____ time

In the event that you cannot reach me, an alternate contact person with the authority to make decisions regarding my pet is _____ and s/he can be reached at the following number _____.

Please describe ANY ISSUES OR CONCERNS YOU WOULD LIKE ADDRESSED WHILE YOUR PET IS HERE TODAY.

My pet's current food is _____ dry canned

My pet's appetite is good reduced by _____% non-existent

My pet has has not eaten today

If your pet ate, when did s/he eat and how much? _____

My pet is is not vomiting

If your pet is vomiting:

When did it begin? _____

When was the last time? _____

My pet has normal stools soft stools diarrhea without blood diarrhea with blood
constipation

My pet's water intake is normal increased decreased

My pet is painful at _____
(location on his/her body)

My pet may have fallen or injured him/herself on _____
Date

My pet is on the following medication or supplements:

Name _____ Dosage and frequency _____

Name _____ Dosage and frequency _____

Name _____ Dosage and frequency _____

My pet took the following medications this morning:

Name _____ Dosage and time given _____

Name _____ Dosage and time given _____

I am the owner/agent for the animal described above, and I authorize and request an exam/surgical procedure on my pet. I understand that sedation and/or pain medication will be provided, if deemed reasonable. I understand that if I have not been provided with an initial estimate of charges for today's visit, that it is my responsibility to ask the doctor before agreeing to the procedure.

I understand the doctor will contact me after she has examined my pet to discuss recommended tests, including x-rays and blood work, and treatment. **I also understand that the doctor will be unable to proceed with any tests, including x-rays and blood work, or treatment until she has spoken directly with me and I have authorized this treatment and the charges associated with it.**

I understand that I will be charged for flea medication and a dose will be applied if evidence of fleas is found on my pet today.

Print name

Sign name

Date