

Warm Hearts  
for Cold Noses  
Animal Medical Center of Chicago

Pet Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

Date of Hospital Admission: \_\_\_\_\_

**Please answer ALL of the following questions to ensure a safe and successful visit.**

Please list ALL the surgical procedures or services that you are expecting to be performed *today* on your pet. If applicable, please specify the location (e.g. left front leg) of any masses to be removed.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**CURRENT HEALTH:**

Has there been any change in your pet's health since your last appointment? YES or NO (circle your answer)  
If yes, please describe the changes: \_\_\_\_\_

In the last week, please evaluate the following signs in your pet: (circle your answers)

(1) Appetite:            NORMAL        ABNORMAL        UNKNOWN

If abnormal, please describe: \_\_\_\_\_

(2) Vomiting:            YES                NO

If yes, how often and last episode: \_\_\_\_\_

(3) Stools /defecation:    NORMAL        ABNORMAL        UNKNOWN

If abnormal, please describe: \_\_\_\_\_

(4) Coughing:            YES                NO

If yes, please describe: \_\_\_\_\_

(5) Respiration:            NORMAL        ABNORMAL        UNKNOWN

If abnormal, please describe: \_\_\_\_\_

(6) Urination:            NORMAL        ABNORMAL        UNKNOWN

If abnormal, please describe: \_\_\_\_\_

(7) Energy level:            NORMAL        ABNORMAL        UNKNOWN

If abnormal, please describe: \_\_\_\_\_

**PREVIOUS SURGERY / ANESTHESIA:**

Has your pet ever had general anesthesia? YES NO

If applicable, please list your pet's previous surgical procedures with the approximate date: \_\_\_\_\_  
\_\_\_\_\_

Did any complications occur during your pet's anesthesia or recovery period? YES NO

If yes, please describe: \_\_\_\_\_

Did your pet make a full recovery from the anesthesia within 24 hours? YES NO

If no, please describe: \_\_\_\_\_

**ALLERGIES /REACTIONS TO MEDICATIONS:**

Has your pet ever shown any adverse reaction to any medication (injection or pill)? YES NO

If yes, please list: \_\_\_\_\_

**DIET:**

What do you feed your dog on a daily basis: \_\_\_\_\_  
\_\_\_\_\_

Are there any foods that your pet CANNOT eat? YES NO

If yes, please let us know: \_\_\_\_\_  
\_\_\_\_\_

What time did your pet last eat? \_\_\_\_\_AM \_\_\_\_\_PM

**MEDICATIONS:**

Please list all medications and nutritional supplements that your pet is currently taking:

Name \_\_\_\_\_ Dosage and Frequency \_\_\_\_\_ Last Given \_\_\_\_\_

Name \_\_\_\_\_ Dosage and Frequency \_\_\_\_\_ Last Given \_\_\_\_\_

Name \_\_\_\_\_ Dosage and Frequency \_\_\_\_\_ Last Given \_\_\_\_\_

For dogs, is your pet on a monthly heartworm preventative? Yes or No.

What is the name of the product? Heartgard, Interceptor, Revolution or other \_\_\_\_\_

**PLEASE BRING ALL MEDICATIONS AND SUPPLEMENTS WITH YOU ON THE DAY OF SURGERY!**

**CONSENT:**

If your pet is having a DENTAL PROCEDURE please circle A, B OR C:

A I give the doctor permission to remove any teeth, perform a dental bond or excise an oral mass that they deem medically necessary.

B I prefer to be contacted by phone first, but in the event I am unable to be reached, please move forward with performing the medical or surgical procedure the doctor deems medically necessary

C I must be contacted by phone prior to any dental extraction or any additional procedure is performed on my pet.

For pets having a surgical procedure or being admitted for any other medical procedure please circle A, B or C

A I give the doctor permission to do whatever is medically or surgically indicated for my pet today.

B I prefer to be contacted by phone first, but in the event I am unreachable, please move forward with performing the additional medically or surgically indicated procedures.

C I must be contacted by phone prior to any additional diagnostics, treatments or procedures THAT ARE NOT ON my pet’s ESTIMATE before they are performed. If I am unable to be reached, I do not want them to be performed.

*Though the doctors and staff at AMC take anesthesia very seriously and have taken every precautionary measure to ensure the safety of your pet, complications can occur. In the unlikely event of an emergency, do you give the doctor permission to move forward with life saving treatment such as Cardiopulmonary resuscitation (CPR)?*

\_\_\_\_\_ *Yes, please attempt to resuscitate my pet.*

\_\_\_\_\_ *No, do not attempt to resuscitate my pet.*

**CONTACT INFORMATION**

Primary Contact Name and Number:

\_\_\_\_\_

Secondary Contact Name and Number:

\_\_\_\_\_

**May we text you updates on your cell phone: Yes or No**  
**If yes, please provide us with the number:**

\_\_\_\_\_

**We want your pet's stay to be as comfortable and stress free as possible. Are there any suggestions you can provide us with to help us reach this goal? \_\_\_\_\_**

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**I am aware that payment is expected in full at the time of the discharge appointment. IF this is not possible, please discuss this with my office manager now. We can assist you in setting up a CARE Credit line of credit.**

**PLEASE PRINT AND SIGN YOUR NAME**

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Print

Sign

Date

Thank you for completing this admission's form. Please email this completed form to [Staff@animalmedicalcenterofchicago.com](mailto:Staff@animalmedicalcenterofchicago.com) or bring it with you to your pet's Hospital Admission's appointment. If you have any additional questions or concerns, please do not hesitate to call us at 773.525.3353.

Sincerely,  
The Doctors and Staff of  
Animal Medical Center of Chicago  
1618 West Diversey, Chicago, Illinois 60614  
Phone: 773.525.3353  
Email: staff @animalmedicalcenterofchicago.com