



PET EMERGENCY & SPECIALTY CENTER

Internal Medicine/Oncology Check-In Form

Patient _____

Client _____

Date _____

1. How would you rate your cat or dog's current status?

- Excellent (100%) Good (good quality of life, but not 100%)
- Fair Poor Very poor

Has problem persisted
within last 48 hours?

2. Please comment on the following since your last visit:

Lethargy no	<input type="checkbox"/> none	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe	yes	
Vomiting no	<input type="checkbox"/> none	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe	yes	
Diarrhea no	<input type="checkbox"/> none	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe	yes	
Appetite	<input type="checkbox"/> normal	<input type="checkbox"/> small	<input type="checkbox"/> _ of normal	<input type="checkbox"/> not eating	yes	no
Drinking	<input type="checkbox"/> normal	<input type="checkbox"/> small	<input type="checkbox"/> _ of normal	<input type="checkbox"/> not drinking	yes	no
Other	_____					

3. Please list all current medications so we may keep records accurate at all times. This section helps us be certain that outside pharmacies have properly filled prescriptions, that our instructions are accurate and being followed, and allows us to record medications that may have been prescribed by another hospital. Please indicate whether a listed medication has been initiated since your last visit here and indicate whether you need a refill on any medications. Please use the back of this paper if needed.

Medication & Strength	Dose (i.e. 1 tab twice a day)	New Med	Need Refill
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

4. Do you have any specific questions or concerns? No Yes

5. If you are leaving your dog or cat with us today, where can we reach you? (_____)
and what time works best for you to pick up your dog or cat? _____ am pm

Please understand that we will attempt to have your pet ready by the time specified above but that unexpected circumstances may not allow this. We recommend that you call 1 hour before this time to obtain an update on expected discharge time.