

# Josey Ranch Pet Hospital, P.C.

2150 N. Josey Ln. #106 Carrollton, TX 75006

972-446-0667 Fax 972-245-8367

www.joseyranchpethospital.com

## PATIENT DROPOFF & ADMISSION FORM FOR EVALUATION/HOSPITALIZATION

PATIENT: \_\_\_\_\_ DATE: \_\_\_\_\_

Reason for Visit/Hospitalization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Duration of Problem: \_\_\_\_\_

Has problem Improved? \_\_\_\_\_ Worsened? \_\_\_\_\_ Remained the same? \_\_\_\_\_

Please check the following if appropriate. Use (Y) for yes, (N) for no. Use the margins  
For any additional information.

Recent Vomiting?

If so, for how long? \_\_\_\_\_ Is vomitus fluid? \_\_\_\_\_

Some digested food? \_\_\_\_\_ Bile(yellow fluid)? \_\_\_\_\_

Blood (may look like coffee grounds) \_\_\_\_\_ Other? \_\_\_\_\_

Recent Diarrhea/ Soft Stools?

If so, for how long? \_\_\_\_\_ Mucus in stools? \_\_\_\_\_ Worms in stools? \_\_\_\_\_

Have you noticed blood in stools? \_\_\_\_\_ Dark, tar like stools? \_\_\_\_\_

Straining/taking longer to have bm's? \_\_\_\_\_ Large amounts of stool? \_\_\_\_\_

Increased Gas? \_\_\_\_\_ Other? \_\_\_\_\_

Skin Problems?

If so, for how long? \_\_\_\_\_ Noticed excessive scratching/licking/itching? \_\_\_\_\_

If so, where on body? \_\_\_\_\_ Hair loss? \_\_\_\_\_ If so, where? \_\_\_\_\_

Lesions, sores? \_\_\_\_\_ If so, where? \_\_\_\_\_

Brief description \_\_\_\_\_

Eye Problems?

If so, for how long? \_\_\_\_\_ Which eye? \_\_\_\_\_

Are the eye(s) cloudy/milky? \_\_\_\_\_ Any discharge? \_\_\_\_\_

Color of discharge? \_\_\_\_\_ Squinting/Third Eyelids up? \_\_\_\_\_

Any type of Trauma? \_\_\_\_\_ Other? \_\_\_\_\_

Lameness Problems?

If so, for how long? \_\_\_\_\_ Has problem improved? \_\_\_\_\_ Worsened \_\_\_\_\_  
Unchanged? \_\_\_\_\_ Limbs affected? \_\_\_\_\_ Is limping primary sign or is  
clumsiness/drunken like walking primary sign? \_\_\_\_\_

Is pet bearing weight on affected limb or completely holding paw off the  
ground? \_\_\_\_\_ Any history of arthritis? \_\_\_\_\_  
Hip dysplasia? \_\_\_\_\_ Back problems? \_\_\_\_\_ Other? \_\_\_\_\_

Coughing / sneezing? (Which one?)

If so, for how long? \_\_\_\_\_ Has problem improved? \_\_\_\_\_  
Worsened? \_\_\_\_\_ Unchanged? \_\_\_\_\_

If coughing, is cough productive (mucus/phlegm seen after cough)? \_\_\_\_\_  
Is coughing worsened with exercise? \_\_\_\_\_ After resting/sleeping? \_\_\_\_\_  
If sneezing, is nasal discharge Clear? \_\_\_\_\_ Cloudy? \_\_\_\_\_ Other? \_\_\_\_\_

Urinary Problems?

If so, for how long? \_\_\_\_\_  
Have you noticed increased frequency of urination? \_\_\_\_\_  
Increased amount of urine? \_\_\_\_\_ Straining to urinate? \_\_\_\_\_  
Unable to urinate? \_\_\_\_\_ Blood in urine? \_\_\_\_\_ Cloudy uring? \_\_\_\_\_  
Other? \_\_\_\_\_

Ear Problems?

If so, for how long? \_\_\_\_\_  
Have you noticed excessive scratching? \_\_\_\_\_ Any discharge? \_\_\_\_\_  
Has your pet been treated for an ear infection before? \_\_\_\_\_

Appetite Changes?

Have you noticed poor appetite? \_\_\_\_\_ If so, for how long? \_\_\_\_\_  
No appetite/not eating at all \_\_\_\_\_ If so, for how long? \_\_\_\_\_  
Increased appetite? \_\_\_\_\_ If so, for how long? \_\_\_\_\_  
Lethargy/Decreased energy levels? \_\_\_\_\_ If so, for how long? \_\_\_\_\_  
Increased Water Consumption? \_\_\_\_\_ If so, for how long? \_\_\_\_\_

**IN THE EVENT WE FEEL IT NECESSARY TO PERFORM BLOODWORK, X-RAYS, OR OTHER NEEDED  
DIAGNOSTIC TESTS OR BASIC TREATMENTS, PLEASE SIGN BELOW FOR APPROVAL. NOTE:  
SHOULD WE FEEL DIAGNOSTICS OR TREATMENTS ARE REQUIRED AND THE PET OWNER IS  
UNAVAILABLE IN A TIMELY MANNER, ALL PATIENTS WILL BE TREATED AS NECESSARY.**

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

Telephone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_