



# COUNTRYSIDE VETERINARY CLINIC

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Drs. Meredith Smith, Brian Keller, Corey Johnson, Rachel Juelsgaard, Alicia Butler

## PATIENT ADMISSION FORM

Client Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

To help us ensure your pet receives the best possible care while here at the clinic, please take a moment to answer the following questions to the best of your knowledge:

1. Main health concern:

\_\_\_\_\_  
\_\_\_\_\_

2. Duration of problem: \_\_\_\_\_

3. Have you noticed any vomiting?: \_\_\_\_\_ If so – how often?:

\_\_\_\_\_

4. Have you noticed any diarrhea?: \_\_\_\_\_ If so – how often?:

\_\_\_\_\_

5. Is your pet's activity level normal?: \_\_\_\_\_

6. Please note history of any major physical problems:

\_\_\_\_\_  
\_\_\_\_\_

7. Has your pet had any medications? If so – what and when?:

\_\_\_\_\_  
\_\_\_\_\_

8. If fed, what and when?:

\_\_\_\_\_  
\_\_\_\_\_

9. Any weight change in the last month?:

\_\_\_\_\_

10. Water Consumption:  Normal  Increased  Decreased

11. Urination:  Normal  Increased  Decreased

12. How can the Doctor contact you with additional questions after they examine your pet?

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Text: \_\_\_\_\_

\_\_\_\_\_  
Signature Owner/Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
CVC Witness