

# PATIENT ADMISSION SHEET

## VETERINARY SURGICAL SERVICES

7512 Paula Drive  
Tampa, Florida 33615

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

### INFORMATION ABOUT YOU:

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_ Referring Veterinarian: \_\_\_\_\_

### INFORMATION ABOUT YOUR PET:

Name \_\_\_\_\_ Age \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_ Spayed or Neutered Yes or No

What is the problem you are here for? \_\_\_\_\_

When did it start? \_\_\_\_\_ Has it worsened, improved or stayed the same? \_\_\_\_\_

Have you seen any other veterinarian for the same problem? (please list veterinarian/hospital and date):  
\_\_\_\_\_

On a scale of 1-10, how does it affect your pet? (1=Mild, 10=Severe) \_\_\_\_\_

List any medications you give your pet \_\_\_\_\_

Is your pet allergic or sensitive to any medication that you are aware of? Please list: \_\_\_\_\_

Does your pet have any other existing medical conditions (e.g. diabetes, heart disease, thyroid disease, etc.) that we need to be aware of? Please list: \_\_\_\_\_

Does your pet have the following:

Seizures	Y	N
Coughing	Y	N
Vomiting	Y	N
Diarrhea	Y	N
Increased Thirst	Y	N
Increased Urination	Y	N
A Bleeding Disorder	Y	N

### CONSENT TO TREAT:

I authorize VSS veterinarians and staff to perform all necessary treatments in connection with surgery on my pet. These include, but are not limited to, anesthesia, medication administration, surgery and any treatments that are necessary in life-threatening situations. I understand that the risks of infection after surgery and life-threatening problems under anesthesia are inherent to any surgical and anesthetic procedure. I also understand that no guarantee is made as to the chances of a successful outcome and that some surgical procedures, despite having a successful outcome most of the time, may give variable results on an individual basis. I assume and agree to pay all necessary expenses incurred in treatment of my pet.

Signed: \_\_\_\_\_

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

**Personal Items:** We understand that you wish your pet to be as comfortable as possible while he or she is staying with us. Our staff provides quilts, blankets and TLC for her/his comfort and well being. We kindly request that you do not leave personal items for your pet while he or she is here with us.

**Cellular Phones:** As a courtesy to our doctors and staff, please silence your cell phone while you are in the examination room with them.

Your cooperation with these requests is greatly appreciated.

