

The Pet Hospital of Tierrasanta

6030 Santo Road Suite A , San Diego, CA 92124

Phone: (858) 569-7777 Fax: (858) 569-4142

Office Hours: Monday-Friday 8am to 6pm / Saturdays 8:30am to 5:30pm

Pick ups after hours will be charged an additional \$3.00 per Minute

Patient Admission Form

To allow us to provide the best possible care for your pet, please fill out this form completely.
There will be a day stay fee of \$15.00 added to today's bill.

Owner's Name: _____ Pet's Name: _____

What are we seeing your pet for: _____

Does your pet have a pre-existing condition: _____

Have you noticed any of the following symptoms in your pet? (Please circle all that apply)

- Breathing difficulty - Shaking head - Change in appetite - Change in urination
- Itching - Hair loss - Coughing - Sneezing - Vomiting - Diarrhea
- Limping - Loss of energy - Constipation - Bad breath

Describe any circled symptoms: _____

How long has this been present: _____

Have you tried a treatments: _____

Current medications and dosages: (include over the counter and Flea / heartworm prevention)

Please Check One:

- I okay diagnostic tests & treatments as deemed necessary by the doctor.
- I prefer a phone call prior to any diagnostic tests or treatments.
(please note that if we cannot reach you by phone, No diagnostic tests or treatment will be performed)

Signature: _____ Date: _____

Phone: _____

It is Very important that we have the best phone number to reach you at today. If the doctor is unable to reach you, it may be necessary for you to speak to another member of our staff.