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HOSPITAL HEALTHY PET CURBSIDE ADMISSION FORM

PLEASE NOTE: PAYMENT IS **REQUIRED** AT TIME OF DISCHARGE.

Owner's Name: _____ Contact Number: (_____) _____ - _____
Pet's Name: _____ Species: **Canine** **Feline**

FOR OFFICE USE ONLY

Exam: Annual Exam Semi-Annual I Exam Semi-Annual II Exam Well Pet Exam Feline Senior Exam

Vaccines: Rabies Distemper Bordetella Lyme Leukemia Influenza

Tests: Heartworm/Lyme Heartworm (only) Lyme C6 Distemper/Parvo Titer
Feline Bartonella FeLeuk / FIV Fecal - Ova & Parasites Fecal - Giardia

Other Labwork/Tests: _____

SNAP LYME TEST RESULTS

If your pet was tested for Lyme disease and is **POSITIVE**, would you like us to:

Get your permission before proceeding with additional testing Send out a Lyme Quantitative C6 Test (**additional cost**)

The **Lyme Quantitative C6 Antibody Test** is a reference laboratory test which allows us to quantify the results from our in-house SNAP Lyme Test and to determine if your pet has an active Lyme infection which would require treatment.

GENERAL INFORMATION

What do you currently feed your pet? (qty/name/type/how often... i.e. 1 cup Nutro Ultra dry w/ ½ can Nutro Turkey and rice twice daily):

Appetite: Normal Excessive Poor Absent **Water Consumption:** Normal Increased Decreased

Energy Level: Normal Increased Decreased **Coughing:** Yes No **Sneezing:** Yes No

Is your pet currently on a: Heartworm Preventive Name: _____ How Often: _____

Flea & Tick Preventative Name: _____ How Often: _____

Does your pet have: Bad Breath Pain when chewing Bleeding from their gums

List any supplements/meds and when they were last given: _____

GASTROINTESTINAL INFO

Has your pet vomited recently: Yes No If 'YES', how often: _____ Last Episode: _____

What is your pet vomiting: Food Water Bile Hairballs Other _____

How would you describe your pet's recent bowel movements: (select all that apply)

Normal Hard Soft Diarrhea Constipated Bloody Mucous Unsure

Additional Info: _____

MUSCULOSKELETAL INFO

Does your pet have: (select all that apply) Neck Pain Back Pain Painful area Swelling

Lameness Difficulty walking down stairs Difficulty walking up stairs Trouble standing up

MUSCULOSKELETAL INFO (CONTINUED)

Is your pet's condition: Constant Intermittent Is it: Worse after exercise Worse after resting

Has your pet been licking or biting at a specific area: Yes No If 'YES', where: _____

How long has your pet had the above condition(s): _____

Additional Info: _____

URINARY INFO

How would you describe your pet's current urinary behavior: (select all that apply)

Normal Bloody Change In Odor Straining Incontinent Weak Stream

Increased Frequency Decreased Frequency Increased Volume Decreased Volume

Additional Info: _____

EAR INFO

How would you describe your pet's current ear condition(s): (select all that apply)

Normal Red Dirty Waxy Foul Odor Itchy Oozing Bleeding Swollen

Have you noticed these conditions in your pet's: Left Ear Right Ear Both Ears

Is your pet shaking their head: Yes No Scratching or Rubbing their ears: Yes No

Additional Info: _____

SKIN INFO

How would you describe your pet's current skin condition(s): (select all that apply)

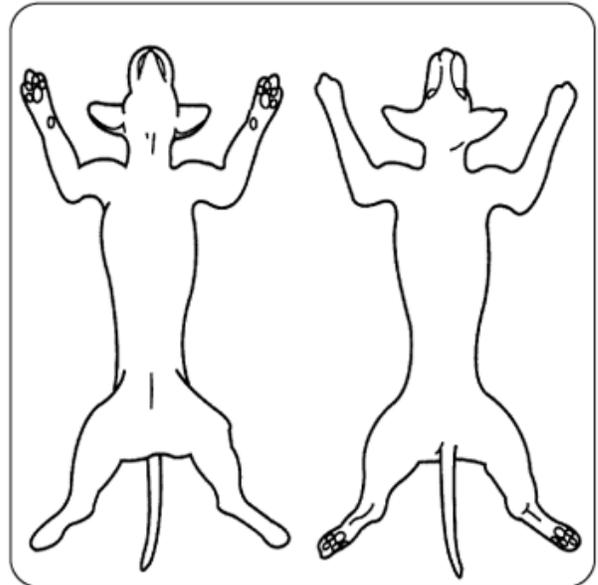
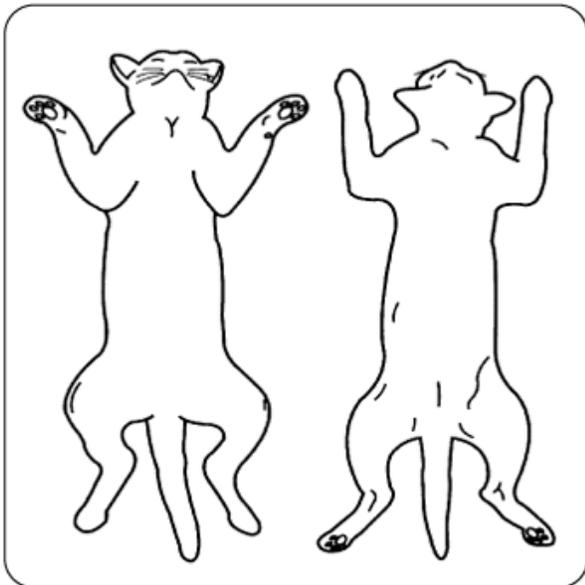
Normal Itchy Red Oozing Wound Bleeding Rash Dry/Flaky Smelly

Is there lump or growth: Yes No If 'YES', has it changed in size: Larger Smaller Same

How long has your pet had the above condition(s): _____

**Please illustrate on the anatomical chart below where the lump(s) / growth(s) / skin condition(s) are located. **

Additional Info: _____



Date _____

Signature of Owner or Responsible Party