**Nichols Veterinary Care**
**571 East Franklin Street, Suite C**
**Monterey, CA 93940**
**(831) 372-2672**

# Routine Procedure Admission Form

| PATIENT | SPECIES | AGE | OWNER |
|---|---|---|---|
| SEX | BREED | | ADDR |
| COLOR | MARK | | |
| ID | RABIES | RADIO | PHONE |

For what procedure is Dog here today? _____

*CURRENT STATUS*

Urination (circle one): Normal Increased Decreased
Last time fed: _____ AM or PM
Any vomiting? Y N How often? _____
What does it look like? _____
Any diarrhea?: Y N How often? _____
Straining? Blood? Mucus? Accidents?
Consistency: Watery Soft Firm

Known Drug Allergies/Reactions:
_____

Did Dog receive morning medications? Yes No

| List Medications: | How Much | How Given | Last Given |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |

(Please put additional medications on the back) Are there any additional medications? Y N

Thank you for trusting us with your beloved pet!

_____ _____
Signature of Owner or Agent Date

Phone number that I can be reached at TODAY: _____