



**Austin Veterinary Emergency & Specialty Center
Dentistry and Oral Surgery**

PATIENT ADMISSION INFORMATION

CLIENT NAME _____

PATIENT NAME _____

DATE OF ADMISSION _____

TIME OF LAST MEAL _____

TODAY'S CONTACT NUMBER(S): _____

Daytime (until what time): _____

Evening (until what time): _____

Most of our patients are able to go home the same day after their procedure between 5:00pm-7:00pm; however, some patients may need to be hospitalized overnight for continued post anesthesia monitoring. After your pet's procedure is complete, we will call you to set up a release time. Please be available to be contacted throughout the day. At the time of discharge, a technician will go over discharge instructions with you. If you have ANY questions, please ask the technician at that time

► **CURRENT MEDICATIONS:** What medications is your pet currently taking?

<u>Type of medication and mg.</u>	<u>Frequency Given</u>	<u>Time Last Dose Given</u>

► **IS YOUR PET ON A SPECIAL DIET** Yes No

Please describe special diet:

► **CHANGES IN PATIENT'S MEDICAL CONDITION** Yes No

Please describe any changes:

Please be assured that we provide comfortable quarters for all patients. We prefer that you do not leave valuable items at the hospital that could become misplaced or lost in the laundry. If you do leave personal items, please add identification. Unfortunately, we cannot be responsible