



Steele Creek Animal Hospital

9729 S. Tryon Street • Charlotte, NC 28273 • Telephone (704)588-4400 • Fax (704)588-2751

Admittance Form

Date: _____ **Client Name:** _____

Client Number: _____ **Pet's Name:** _____

Phone Number: _____ **Fax Number:** _____

Is the pet on any prescription medications? _____

Is the pet indoors, outdoors, occasionally outdoors? _____

Is the pet on any over-the-counter medications? _____

Coughing/Sneezing? Yes or No _____ When started and how often? _____

Vomiting or Diarrhea? Yes or No _____ When started and how often? _____

Any pertinent medical conditions (for example: seizures, heart problems, kidney problems, etc.)?

Reason pet is being admitted today, as detailed as possible (answer questions such as: Is this the first occurrence of the problem? How long has it been going on? Is it getting better or worse? Location, if applicable? Etc.):

Other pets at home? _____ Breeds? _____ Ages? _____
