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## Hospitalized Patient Admission Form

Date: \_\_\_\_\_ Preferred pick up time \_\_\_\_\_

Owner: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Reason for visit: \_\_\_\_\_ Number(s) where I can be reached: \_\_\_\_\_

When was your pet's last meal? \_\_\_\_\_

How much food did your pet eat? \_\_\_\_\_

What type of food did your pet eat? \_\_\_\_\_

Did your pet drink any water overnight?: \_\_\_\_\_

Has your pet's appetite and drinking been normal? YES / NO

Please list medications given to your pet at home	Amount	Time	Refill needed?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your pet been showing signs of:

Lethargy?	YES / NO	
Vomiting?	YES / NO	
Diarrhea?	YES / NO	
Coughing?	YES / NO	
Sneezing?	YES / NO	
Pain?	YES / NO	Mild / Moderate / Severe

Do you have any other concerns? \_\_\_\_\_

### I UNDERSTAND THE DOCTOR WILL CONTACT ME AFTER EXAMINING MY PET. IN THE EVENT THAT THE DOCTOR IS UNABLE TO REACH ME:

\_\_\_\_\_ I authorize the doctor to proceed with the indicated treatment

and care of my pet as long as cost is within \$\_\_\_\_\_.

\_\_\_\_\_ Do not proceed with any treatment until the doctor is able to reach me.

Overnight care at SFPC is unsupervised at times outside of normal business hours. Sunday and Holiday care consists of multiple visits by trained staff members. All other hours on Sundays and Holidays are unsupervised. For safety reasons, no continuous IV fluids are given during hours where there is no direct supervision.

Signature \_\_\_\_\_ Date \_\_\_\_\_