

Hospital Admissions Form

As owner, or duly authorized agent of the owner, of the above named animal I have the authority to execute this consent. I hereby consent and authorize the clinic to receive, prescribe, treat or operate on this animal. Procedure _____

I understand that during the performance of the foregoing procedure(s), unforeseen conditions may be revealed that necessitate an extension of said procedure(s) or different procedure(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) as are necessary and desirable in the exercise of the veterinarian's professional judgement. I consent to administration of appropriate anesthetics and other medications and understand that hospital support personnel will be employed as deemed necessary by the doctor. I have been advised as to the nature of the procedure(s) and the risks involved and acknowledge that risks and the possibility of complications exist in any surgical or medical treatment. I realize that results cannot be guaranteed. I understand that I am assuming all risks involved in care and treatment for this animal.

Requirements for Admission:

(Please fill in date of last vaccination or leave blank if not current and pet will be vaccinated)

Canine DHLPP _____ Corona _____ Bordetella _____ Rabies _____

Feline FVRCP _____ FeLV _____ Rabies _____

Heartworm: Date of last heartworm test _____ Results _____

Type of heartworm preventive currently in use _____

Laboratory Tests Recommended: (Please check if you wish these to be performed prior to surgery)

Fecal _____ FeLV/FIV/HW (cats only) _____ Blood Chemistry Panel _____

An estimate of anticipated fees will be given to me on request. A deposit may be required upon admittance to the clinic. All charges shall be paid in full upon release.

If animals are not picked up within three (3) days of the specified release date, a written notice will be mailed to the address above. Five (5) days after such written notice, animals will be considered abandoned and may be disposed of or destroyed as the clinic deems appropriate. It is understood that abandonment does not relieve me from responsibility of payment for services rendered, including the cost of boarding and disposal.

I agree that in the case of nonpayment, a fee of 1.5% per month (18% per annum) plus billing fees will be charged. All collection and attorney fees necessary to collect this debt will be born by me.

I have read and understand this authorization and consent.

SIGNATURE: _____ Date _____

PHONE NUMBER FOR TODAY: _____ Witness _____

Surgeries are released after 8:30am. If you did not make an appointment to pick up in advance, please call before coming to pick up your pet. Thank you.