

HOSPITAL ADMIT

For: Pet's Name _____ Owner _____ Date _____

We always have your pet's best interest and health in mind with appropriate diagnostics and treatments. Therefore, to help us best serve the needs of your pet, please fill out the following information.

Please note: our office visit fee is \$51.00 -this is a general exam by one of our veterinarians, but DOES NOT include any specialized diagnostics or treatments that incur additional charges.

DIAGNOSTICS

PLEASE

INITIAL

may include, but not limited to: X-Rays, Bloodwork, Urinalysis, Fecal, etc

I consent to appropriate diagnostic testing to aid in properly treating my pet ___yes ___no
___call first

MEDICATIONS

may include, but not limited to: clinic administered medication (oral, injections) and take home prescriptions

I consent to the administration of appropriate medication for my pet ___yes ___no
___call first

INTENSIVE TREATMENTS

may include, but not limited to: iv catheters/fluid therapy, oxygen therapy, surgery

I consent to intensive treatment necessary for my pet ___yes ___no
___call first

I would like only the following diagnostics or treatments:

I would like to be notified if my bill exceeds \$ _____

We strive to maintain the best possible health and well-being of your pet. In the unlikely event of a cardiac arrest, time is critical. We ask that you make us aware of your desire regarding this possibility. Please initial.

___YES Please administer CPR and emergency treatments in the event of a cardiac arrest

___NO Do not administer CPR and emergency treatments in the event of a cardiac arrest

I understand the above admittance requests and authorize care as I have indicated above:

Signature of owner or authorized agent _____ Date

Phone number where we can reach you _____ Alt phone number

You are welcome to call us anytime to check on the status of your pet.