Randy Jones, DVM Ronald Lott, DVM Adrienne Hudgens, DVM Laura Raney, DVM

	HOSPITAL AD	DMIT
For: Pet's Name	Owner	Date
• • •		h appropriate diagnostics and treatments. ill out the following information.
	is \$64.55 —this is a general exan tics or treatments that incur add	n by one of our veterinarians, but DOES NOT ditional charges.
<b>DIAGNOSTICS</b> may include, but not limited to	: X-Rays, Bloodwork, Urinalysis,	PLEASE INITIAL Fecal, etc
I consent to appropriate diagno	ostic testing to aid in properly tre	eating my petyesnocall first
<b>MEDICATIONS</b> may include, but not limited to	: clinic administered medication	(oral, injections) and take home prescriptions
I consent to the administration	of appropriate medication for m	ny petyesnocall first
INTENSIVE TREATMENTS may include, but not limited to	: iv catheters/fluid therapy, oxyg	gen therapy, surgery
I consent to intensive treatmen	t necessary for my pet	yesnocall first
I would like only the following (	diagnostics or treatments:	
I would like to be notified if my	bill exceeds \$	
		of your pet. In the unlikely event of a cardiac desire regarding this possibility. Please initial.
YES Please administe	er CPR and emergency treatmen	ts in the event of a cardiac arrest
NO Do not administ	er CPR and emergency treatmen	nts in the event of a cardiac arrest
I understand the above admitta	ance requests and authorize care	e as I have indicated above:
Signature of owner or authorize	ed agent	Date
Phone number where we can r	each you	Alt phone number