

# DAY AND EVENING PET HOSPITAL

## Hospital Admission/Anesthetic Release Form

Owner Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Did your pet eat this morning? Yes  No

Is your pet taking any medications? Yes  No

If yes, did they receive the medication this morning? Yes  No

Are you aware of any seizure or problems with anesthesia in the past? Yes  No

The best number to contact me today is: \_\_\_\_\_

If you cannot be reached please provide another contact: \_\_\_\_\_

.....  
I have been advised of the nature of the services and procedures, as well as the risks involved. While I expect all procedures to be performed of the best of the staff's abilities, I realize that medical results cannot be guaranteed. I have reviewed and agree to the cost estimate and I understand the cost estimate may not be a complete representation of the final bill, if additional procedures are performed.

In case of an emergency and in the event I cannot be contacted in time, I authorize the medical staff to perform any additional diagnostics, therapeutic, or surgical procedures necessary for treating and maintain my pet's health and comfort. I expect the doctors and their nurses to use reasonable precaution to ensure my pet's safety, and I agree to pay in full for all services provided when my pet is discharged.

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Additional Services: (would be add'l to estimate given)

Dental Cleaning (\$100) – includes antibiotics; if extractions are needed they are additional

\*\*\* Please initial **ONE (1)** Option \*\*\*

\_\_\_\_\_ I **approve** to any & all extractions needed \_\_\_\_\_ I wish to be **called** with an estimate

Post-Op Laser Therapy (\$20 per cite) – Decreases pain and healing time

Microchipping (\$25 **Special**, Org. \$42)  Ear Cleaning (\$15)

Nail Trim (\$7)  Anal Glands (\$30)

\_\_\_\_\_ If fleas are found on your pet, for your pet's health and the health of other pets in the hospital, they will be treated at your expense. Flea treatments range from (\$16-\$25)

\_\_\_\_\_ We do **NOT** accept checks. We require that your payment be made in full at the time of pick up

I hereby authorize the Veterinarian to examine, prescribe for, or treat the above pet.

OWNER's Signature: \_\_\_\_\_ Date: \_\_\_\_\_