

Hospital Admissions Form

Client: _____

Address _____

Patient: _____

Species: _____ Breed: _____ Sex: _____

Color: _____

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

Planned Procedure _____

Optional Fees:

Implant my pet with a microchip while anesthetized for a discounted price of \$35.00 [] ***

An occult heartworm test (\$28.25) is strongly recommended for dogs undergoing anesthesia that are not currently on prevention.

Please perform this test [] I refuse this test []

A Pre-Anesthetic Profile (\$69.60) may raise warning flags that would allow us to treat a condition, postpone a procedure or alter an anesthetic protocol.

Perform this test [] I refuse this test []

Please administer 24 hour pain medications (\$15 – 17) at the time of the procedure []

Please administer & dispense pain medications (\$25 - \$25) for my pet to recover with at home []