

## Hospitalization Form – Date:

To insure the best care possible, **please**, take the time to fill out this form completely.

### CLIENT INFORMATION

Owner's Name: \_\_\_\_\_  
 Address : \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Patient's Name: \_\_\_\_\_  
 Breed: \_\_\_\_\_  
 Weight: \_\_\_\_\_  
 Sex: \_\_\_\_\_  
 Age: \_\_\_\_\_  
 Color: \_\_\_\_\_  
 Microhip No: \_\_\_\_\_

**ADMITTED TO HOSPITAL FOR:** \_\_\_\_\_

### HOSPITALIZATION:

**INIT** \_\_\_\_\_ I, hereby, consent and authorize Indian Head Animal Hospital, its doctors and technicians to medically or surgically treat my pet. Just as there may be risks and hazards in continuing my pet's present condition without treatment, there are also risks and hazards related to the performance of any surgical, medical and/or diagnostic procedures planned for my pet. I also understand that no warranty or guarantee has been made to me as to result or cure.

**BATH:** (only if Doctor approves prior to discharge)

**Yes;** I would like my pet to have a bath prior to discharge.

**INIT** \_\_\_\_\_  **No;** I do not want my pet to have a bath prior to discharge.

### MEDICATIONS:

Please list any medications my pet has been taking and the last time they were administered.

<b>Med:</b>	<b>Given:</b>
<b>Med:</b>	<b>Given:</b>
<b>Med:</b>	<b>Given:</b>
<b>Med:</b>	<b>Given:</b>

### PREVENTATIVES:

Please list last time preventatives were given and type

Heartworm: Interceptor / Heartgard / other: \_\_\_\_\_

Date Given: \_\_\_\_\_

Flea / Tick: Frontline / Advantix / Other: \_\_\_\_\_

Date: \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_

**Owner's Signature:** \_\_\_\_\_

(Must be over 18 years to sign)

**Please note this facility is not staffed 24 hours a day.**

### LABORATORY TESTS AS NEEDED:

Yes; I give permission

**INIT** \_\_\_\_\_  No; I do not want my pet to have any laboratory tests performed. I fully understand the possible consequences of declining this service and having medical treatment performed without this vital information.

### RADIOGRAPHS:

Yes; I give permission

**INIT** \_\_\_\_\_  No; I do not want my pet to have radiograph taken. I fully understand the possible consequences of declining this service and having medical treatment performed without this vital information.

### ULTRASOUND:

Yes; I give permission

**INIT** \_\_\_\_\_  No; I do not want my pet to have ultrasound. I fully understand the possible consequences of declining this service and having medical treatment performed without this information

### PAYMENT AND ESTIMATE REQUEST

**Yes,** I would like an estimate for the procedure.

**No,** I do not need an estimate.

**INIT** \_\_\_\_\_  **I understand payment for all treatment is due and payable when I pick up my pet.**

### DISCHARGE APPOINTMENT

Once your pet has been released by the Doctor we will ask you to schedule a discharge appointment time with the reception

Phone \_\_\_\_\_

Date of admission: \_\_\_\_\_