

Hospital Admittance Form

Owner's Name _____ Pet's Name _____

What is the current problem with your pet? _____

How long has this been going on? _____

How has your pet been eating? (circle one) Normal Increased Decreased

What kind of food and how much? _____

How has your pet been drinking? (circle one) Normal Increased Decreased

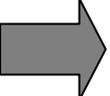
Has there been any vomiting or diarrhea? _____ If so, for how long? _____

How would you characterize your pet's urination? (circle one)

Normal / Increased / Decreased Painful Straining Not Urinating

Has your pet been coughing or sneezing? _____ If so, for how long? _____

Following my pet's examination, please call me at this phone number: _____

OVER 

CONSENT AND RELEASE

I hereby consent, authorize the Veterinarian on duty, and designated assistants to prescribe and administer treatment as is considered therapeutically or diagnostically necessary. I also consent to the administration of anesthetics and surgical procedures requested or as deemed necessary by the attending veterinarian. I understand that this veterinary facility does NOT provide supervision for animals after normal business hours by a person physically on these premises.

I am also aware that if my animal has any fleas, ticks, worm, or any other parasites he/she will be treated at my expense. This is to ensure the safety and respect of all patients of Paw Prints Veterinary Hospital.

I hereby certify that I have read and fully understand the above authorization for medical and or surgical treatment, the reasons why surgery is necessary, its advantages and possible complications, as well as possible alternative modes of treatment. The veterinarian will use reasonable precautions for the well-being of this animal but will not be held liable for conditions beyond his or her control.

Signed: _____
Owner/Agent

Date: _____

******* PLEASE NOTE *******
PAYMENT IN FULL IS DUE AT TIME OF PICKUP.

***IF OTHER ARRANGEMENTS ARE NECESSARY,
THEY MUST BE MADE PRIOR TO SERVICES BEING RENDERED.***

Simple interest at a rate of 15% will be added to all open balances not paid within 30 days.