



Owner: <First-name> <Last-name>

Patient: <Animal>

Address: <address>

Sex: <sex-name>      Age: <age>

City: <City>

Species: <breed>

Phone: <phone>

Color: <color>

Weight: \_\_\_\_\_ Temp: \_\_\_\_\_ HR: \_\_\_\_\_ RR: \_\_\_\_\_

Hospital Check in					
Cat:	Circle One		Dog	Circle One	
Rabies	Current	Update	Rabies	Current	Update
FVRCP	Current	Update	DHLPP	Current	Update
FelV	Current	Update	Bordatella	Current	Update
Flea and Tick	Current	Update	Flea and Tick	Current	Update
HW Prevention	Current	Update	HW Prevention	Current	Update

Treatment Plan: \_\_\_\_\_

What is your pets current food canned [ ] or dry [ ] what is the name of your pets food \_\_\_\_\_

Does your pet have drug/vaccine reaction? Yes [ ] No [ ] If yes, please list: \_\_\_\_\_

Has your pet had any history of seizures and/or any previous anesthetic problems? Yes [ ] No [ ]

Is your pet currently on any medications? \_\_\_\_\_

Is your pet in heat or pregnant? Yes [ ] No [ ]

**Owner authorization and release:**

**If your pet comes in with fleas, we will administer a flea and tick treatment at the cost of \$10**

I am consenting to admit my patient into the hospitalized care of Northside Veterinary Hospital and the doctors in charge of my pet's care.

I have been provided a general or itemized estimate regarding the desired treatment plan for my pet.

I understand that this hospital is not staffed outside of operating hours, and therefore my pet may be unattended overnight.

Complications are a part of the risk in any medical/surgical procedure. I understand that unforeseen complications may occur during the hospital stay or after discharge. These complications may increase my bill. I can receive billing updates if so requested.

I am aware that medicine, surgery, and anesthesia are not exact sciences, and that variable outcomes may occur. No guarantees have been made or implied concerning the results of the procedures. Regardless of outcome, I understand that all charges are incurred based off the costs associated with the necessary treatments plan, and these charges will be my responsibility to pay in full.

We do encourage owner visits while your pet is in the hospital. If you would like to visit <animal>, please try to keep visits between the hours of **10-12** and **1:30-3:30**. Let your hospital technician know when you are planning to visit so that we can ensure your pet is not undergoing treatments at that time.

How would you prefer updates via phone call or text message?      **CALL**      **TEXT**

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

**Owner/Agent**

Who will be picking <Animal> up: \_\_\_\_\_ Phone Number: \_\_\_\_\_