

VETERINARY HOSPITAL ADMISSION FORM

LAST NAME	FIRST NAME	MIDDLE	HOME PHONE	OTHER PHONE	ADMISSION DATE AND TIME a.m. p.m.		
ADDRESS				CITY	STATE	ZIP	IDENTIFICATION TAG OR NO.
NAME OF ANIMAL	SPECIES	BREED	SEX M F	ALTERED	AGE	COLOR AND MARKINGS	

REFERRING OR FAMILY VETERINARIAN	
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<p>VETERINARIAN AND EMERGENCY CLINIC FEES:</p> <p><input type="checkbox"/> EMERGENCY ROOM & EXAM _____</p> <p><input type="checkbox"/> ANESTHESIA _____</p> <p><input type="checkbox"/> LAB _____</p> <p><input type="checkbox"/> X-RAY _____</p> <p><input type="checkbox"/> INJECTIONS _____</p> <p><input type="checkbox"/> SURGERY _____</p> <p><input type="checkbox"/> DRUGS _____</p> <p><input type="checkbox"/> OTHER _____</p> <p style="text-align: right;">TOTAL _____</p>	<p style="text-align: center;">AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT</p> <p>I, the undersigned, owner of admitted patient, hereby authorize Dr. _____ (and whomever he may designate as his assistants) to administer such treatment as is necessary, and to perform the following surgical procedures _____ and such additional procedures as are considered therapeutically and/or diagnostically necessary on the basis of findings during the course of said evaluation. I also consent to the administration of such anesthetics as are necessary.</p> <p>I hereby certify that I have read and fully understand the above Authorization for Medical and/or Surgical Treatment, the reasons why the above named surgery is considered necessary, it's advantages and possible complications, if any, as well as possible alternative modes of treatment, which were explained to me by Dr. _____. I also certify that no gurantee or assurance has been made as to the results that may be obtained. Further I asume financial responsibility for all charges incurred to patient, consent to release of Medical Information, and authorize direct payment to _____</p> <p>I understand patients must be removed from the clinic when advised. If I fail to remove said animal by that time I will be responsible for additional charges.</p> <p>I understand professional services are to be paid at the time they are rendered.</p> <p>I will satisfy payment by the following method:</p> <p><input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Master Card Card # _____ Exp Date _____</p> <p style="text-align: center;"> _____ Signature of owner or responsible agent _____ Witness </p>
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VETERINARIAN'S REPORT

ENTERING COMPLAINT: _____

HISTORY - PHYSICAL FINDINGS - DIAGNOSIS - TREATMENT: _____

RELEASED TO: SPCA CO. ANIMAL SHELTER

OWNER OTHER _____ DVM

SIGNATURE _____ TIME _____ A.M.P.M. _____ TECHNOLOGIST