

Hospital Admittance Form**(Drop-off for exam or procedure)**

Client Name: _____ Date: _____
Patient: _____ Species: _____

Procedure: _____

Please provide us with any and all additional history that may be important for us to help your pet: (for example: the nature of the problem, when it started, is he/she eating? Drinking?...)

We will do our best to reach you at the number provided to discuss the findings of the physical exam and the care of your pet. In the case that we cannot reach you, we can either hold off with treatment until we receive verbal consent or we can go ahead and do what we feel is medically necessary.

- Please do what is deemed necessary (tests, procedures) if you cannot reach me.
- Please hold off on all procedures until I can be reached.

Please provide us with a number that you can be reached at, along with any special instructions about when you would like to be contacted and what time you would like to pick up your pet. We will do our best to accommodate you, but please understand this is a veterinary hospital and emergencies do arise that sometimes delays are unavoidable.

I authorize Central Animal Hospital to perform the above procedure(s) on my pet.

Client Signature: _____ Phone Number : _____

Special instructions: _____

We must be able to reach you in case of an emergency

All animals admitted must be current on vaccinations and be free of external parasites. Any animals found with fleas or lice will be treated at the owner's expense.