

Peninsula Animal Hospital and Orthopedics

Admitting Information Form

Date: _____

Procedure(s): _____

The time of my pet's last meal was: Date: _____ Time: _____

List **medications**, doses, strength, and **WHEN GIVEN**: (Please include all over the counter, oral medications)

1. _____ Date: _____ Time: _____

2. _____ Date: _____ Time: _____

3. _____ Date: _____ Time: _____

4. _____ Date: _____ Time: _____

List any **medications** or **foods** your pet is **allergic** to: (if none, check box)

Has your pet ever had a blood transfusion (circle one) Yes/No

List any **new concerns** for the veterinarian to know **today** before any procedure is performed:

Print Owner/Authorized Agent Name: _____

Signature of Owner/Authorized Agent: _____

I can be **reached** today and in case of an **emergency** at: _____

Peninsula Animal Hospital and Orthopedics
Authorization for Medical Treatment, Sedation and/or General Anesthesia, or Surgery

Client's Name

Pet's Name

Anesthetic and Medical or Surgical Procedure to be performed: _____

I, the undersigned owner or agent of the owner of the pet identified above, certify that I am _____, or I am NOT _____ (check one) **eighteen years of age or over** and **authorize** the veterinarian at this practice **to perform** the above **procedure**. I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the veterinarian before the procedure is initiated. My signature on this form indicates that any questions I have regarding my pet's care have been answered to my satisfaction.

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that veterinary medicine is not an exact science and that no guarantee or warranty has been made regarding the results that may be achieved. I **agree to pay a deposit** of _____ % of the estimated fees, assume financial responsibility for the remaining fees, and provide payment via cash, credit card, check, or care credit at the time my pet is discharged from the hospital.

Should **unexpected life-saving emergency care** be required and the hospital staff is **unable to reach me**, the staff has _____, does not have _____ (initial one) my **permission** to provide such treatment and I agree to pay for such services.

In the event my pet is hospitalized, I understand the veterinary care during nighttime hours and/or weekends is provided based on patient needs, however; animals anticipated to require twenty-four hour supervision will incur additional hospitalization fees.

Signature of Owner or Authorized Agent _____

Date _____

Signature of Witness _____

Date _____