

HOSPITALIZATION FORM

Client's Name: _____ Pet's Name: _____

Number we can reach you at today (____) _____

If cat, is your pet (circle all that apply): indoor outdoor contact with outside cat

Reason your pet is to be examined by the doctor: _____

Duration of Problem: _____ hours/days/weeks/months

Is the problem (circle one): better worse same ?

Does your pet have any of the following symptoms? (circle all that apply)

DRINKING OR URINATING EXCESSIVELY, VOMITING, DIARRHEA

COUGHING, SNEEZING, LOSS OF APPETITE, DEPRESSION, LETHARGY

Has your pet been seen recently by another doctor for this condition? YES NO

Has your pet eaten today? If yes, when and what? _____

Has your pet had any medication today? If yes, when and what? _____

Has there been a change in diet recently or any treats given? YES NO

Other information or instructions for the doctor: _____

DO WE HAVE PERMISSION TO PROCEED WITH TESTS AND/OR TREATMENT BEFORE CALLING YOU? (circle one)

NO... "No" may mean delays in treating your pet if we have trouble reaching each other on the phone.

YES... Proceed to treat without calling, but do not exceed \$ _____ without notifying me first.

There is an initial fee of \$ _____ for hospitalization.

I give permission to treat my pet as noted in the above form. If anesthesia and/or surgery are required, I authorize it and accept the risks. I also understand that my pet will be examined as soon as time allows between scheduled appointments and surgery, but not at a scheduled time.

Signature: _____ Date: _____