



Pacific Animal Hospital

HEALTH • CARE • WELLNESS

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M-F 7:30 am-7 pm Sat 8 am-5 pm Sun 9 am-4 pm

## Hospital Admission Form

Owner's Name \_\_\_\_\_ Today's Phone # \_\_\_\_\_

Pet's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Color \_\_\_\_\_ Dog  Cat

Doctor \_\_\_\_\_ Surgical Procedure: \_\_\_\_\_

**Examination/Vaccination/Preventative Care:** Is your pet current on all vaccines? If not, would you like us to perform these today? Yes  No

*\*Please ask any of our staff members if you have any questions regarding preventative care guidelines.*

**Diagnostics/Treatments:** Are there any additional treatments or procedures that you would like to have performed today? \_\_\_\_\_

**When did your pet last eat (date and time)?** \_\_\_\_\_

**Is your pet currently on any medications?** Yes  No

Medication (name and dosage): \_\_\_\_\_ last dose given at \_\_\_\_\_ am/pm

Medication (name and dosage): \_\_\_\_\_ last dose given at \_\_\_\_\_ am/pm

**Is your pet allergic to any medications?** Yes  No

If yes, please specify: \_\_\_\_\_

**MICROCHIP**      **Protect My Pet**       **No, Not Today**       **Already Microchipped**

Microchips provide a safe state-of-the-art unalterable permanent identification for your pet.

**We recommend this procedure** for all of our patients to ensure their safe return home if they are lost and to prevent diversion to an research laboratory. Our cost includes the registration fee and we handle all the processing necessary for the registration of your pet's new microchip.

As the owner or agent of the above described patient, I do consent and order the procedure(s) or operation(s) described on this form. I understand that during the performance of said procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing services. I hereby authorize the performance of such services as are necessary and desirable in the veterinarian's professional judgement.

I also authorize the use of appropriate anesthetics and other medication, and understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I have been advised regarding the nature of the procedures and risks involved and understand that results cannot be guaranteed.

*I have read and understand this authorization and consent.*

Opt out: Check this box if you do NOT want your pet's picture or name displayed on our website, Facebook, Twitter, or any promotional materials. We love sharing our pictures with other pet lovers!

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Staff Initials** \_\_\_\_\_