

# Hospitalization Form

Date:

Time:

I, the undersigned agent of: (Pet Name)

I hereby authorize Ellison Drive Veterinary Hospital and its designated associates or assistants to administer such treatment and perform such procedures, including anesthesia, as are considered therapeutically and/or diagnostically necessary for the care of my animal.

**Every dog/cat that will be staying in the clinic will be given a pill called Advances OR Capstar to kill fleas, regardless if you pet is current on a monthly flea prevention. Cost to owner is \$5.00** I hereby release the veterinarians and assistants from any and all claims, except claims for negligence, arising out of or connected with the performance of his/her treatment.

**In the event that emergency treatment is required and until I can be reached,** I pre-authorize the veterinarians and assistants to perform such medical treatment as is necessary to preserve the life of the patient until I can be contacted for further authorization. I understand that no guarantee of successful treatment is made or implied. I give consent for treatment not to exceed the amount of:

\_\_\_ **\$0 - DNR**

\_\_\_ **\$300**

\_\_\_ **\$600**

In the event my pet is abandoned, I hereby authorize humane disposal of such pet, unless the pet is picked up and accrued charges are paid in full within 12 days after written notice has been made to me that the animal is ready to be released from the hospital.

**All animals entering the hospital must be up to date on all vaccinations and free of external parasites (fleas, ticks, etc) or they will be treated upon entry at the owner's expense.**

I also authorize the hospital to obtain any medical information from the previous veterinarian that might be needed during the above-named animal's stay in the hospital.

**I accept financial responsibility for the treatment(s) of the above-named animal and I understand that payment in full is due upon the release of this animal from the hospital or when service is otherwise terminated. Please provide the following services:**

Owner Name \_\_\_\_\_

Signature \_\_\_\_\_

Please fill out the best phone numbers as a point of contact

Home

Work

Other