



Registration Form



Date: _____

(Hospital Use) Client ID:		Patient ID:	
Client Name:		Name:	
Address:		Species:	
		Breed:	
		Sex:	
Client Primary Phone #:	() -	Color:	
Patient Weight:		Markings:	
		Birth Date:	

Reason(s) for visit & **date going home**: _____

Detailed list of items brought with pet: _____

List of current medications & frequency given: _____

Feeding Instructions: _____

Extra Playtime? (Circle one) Alone or with human. Daily frequency of each: _____

In the event of a medical emergency, we would like to know what treatment you would want for your pet. (If your pet is undergoing an anesthetic procedure, rest assured that advances in anesthesia, anesthetic monitoring, and surgery have made procedures safer with a low rate of complications.)
Please check one option below.

- Code 1:** Do nothing and let nature take its course.
- Code 2:** Attempt CPR and give emergency medications. (Additional cost involved.)
- Code 3:** Do everything possible, including internal heart massage. Please keep in mind this is an extreme measure with little success and long term hospitalization/ recovery. (Additional cost involved.)

Routine surgery options: (Anesthesia Monitoring included & Required.) *Circle one option for each line.*

- Pre-anesthetic blood screening: Accept Decline
- Laser Surgery: Accept Decline N/A

**Capstar- 24 hour flea control pill required and given upon admittance to the hospital. This ensures that no pet brings any fleas into the hospital or takes any fleas home.*

I give my permission to have services performed by Adair County Animal Hospital and agree to pay a deposit of \$_____ (for extensive hospitalization or surgeries) and assume financial responsibility for the remaining fees, and provide payment via cash, credit/debit card, Mastercard, Visa, Care Credit, or check (if Driver's License # is provided) at the time my pet is discharged from the hospital.

By signing this document, I agree that I am 18 years or older. Client Signature: _____

The best number and/or way to reach you during your pet's stay: _____