**Adair County Animal Hospital**

**Admittance Form**

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| **Client ID:** |   | **Patient ID:** |   |
| **Client Name:** |   | **Name:** |   |
| **Address:** |   | **Species:** |   |
|  |   | **Breed:** |   |
|  | ,  | **Sex:** |   |
| **Telephone:** |   | **Color:** |   |
|  |  | **Markings:** |   |
| **Patient weight:** |   | **Birth Date:** |   |

**Reason(s) for visit:**

**Date going home:**

**Detailed list of brought with pet:**

**Feeding instructions:**

**List of current medications. *Additional charge applies (for the most frequently given medication.)***

**Extra playtime? *Play alone? Human interaction play?* Additional charges apply for play type and frequency.**

**In the event of an emergency or illness during your pet's stay, 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 an option below.**

 **Code 1 -** Do nothing and let nature take its course. Call before any exams or treatments are done.

 **Code 2 -** Attempt CPR and give medications. This includes Examinations, fecals and reasonable testing.

 **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.

**Routine surgery options:** *(Anesthesia monitoring included & required.)*

**Pre-anesthetic blood screen** Accept Decline Does not apply

**Laser Surgery**  Accept Decline Does not apply

\*Capstar - 24hr flea control pill required and given upon admittance to the hospital. This ensures we stay a flea-free facility.

**I give my permission to have services performed by Adair County Animal Hospital and agree to pay a deposit of and assume financial responsibility for the remaining fees, and provide payment via cash, credit card, or check at the time my pet is discharged from the hospital.**

**I give Adair County Animal Hospital permission to use my pets photo on Social media and Promotional advertisements. Yes No, please do not photograph my pet.**

**Method of communication:**

**Corresponding communication information:**

**Client Signature:**