



## HOSPITALIZATION ADMISSION FORM

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

Pet Name: \_\_\_\_\_

Reason for Stay: \_\_\_\_\_

**Recent History:** Please check any of the following that apply to your pet:

\_\_\_ Change in appetite      \_\_\_ Vomiting      \_\_\_ Diarrhea

\_\_\_ Coughing      \_\_\_ Sneezing      \_\_\_ Limping

List any other concerns: \_\_\_\_\_

**Examination and Vaccination:**

Your pet will receive a physical examination and any vaccinations that are due today will be administered and you will be charged as such.

**Diagnostics:** Initial next to any diagnostics you give permission to be performed:

\_\_\_ Lab work      \_\_\_ Radiographs      \_\_\_ Ultrasound      \_\_\_ Other \_\_\_\_\_

**Sedation/Anesthesia and medical treatments:**

In the event that <animal> requires sedation/anesthesia or any medical treatments we will contact you before administering anything. We will not proceed with any treatments without your consent.

**Additional Procedures:**

Please check the procedures you would like for us to perform (they are at additional costs)

\_\_\_ Nail Trim      \_\_\_ Ear Cleaning      \_\_\_ Anal Gland expression      \_\_\_ Microchip implantation

**Other requests:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize Contra Costa Veterinary Hospital to perform the examination and treatments listed above. In the event of an emergency, I authorize the doctors and staff to perform any life saving procedures deemed necessary. I agree to pay for all fees associated with any life saving procedures. By signing below you agree that you understand and consent to the document and will not hold Contra Costa Veterinary Hospital or staff liable for any complications.

**Signature:** \_\_\_\_\_

**Date:**

**Today's phone number(s):** (        ) \_\_\_\_\_ - \_\_\_\_\_ (        ) \_\_\_\_\_ - \_\_\_\_\_

**Check here** if you would like us to text you when your pet is ready to be picked up.