



Last Name: _____

Pet's Name: _____

Today's Date: _____

Discharge Date: _____

Business Hours: M-F 8am – 6pm, Saturday 8am – 12pm (No pick-ups / drop offs Sunday)
Drop off during regular business hours. Pick-ups after 10am, please.

Please bring **ONLY** your pet's food and any medications. Please **DO NOT BRING** bedding, dishes or toys. The hospital will not be responsible for lost or damaged items.

Does your pet have any new health problems or concerns today? _____
If YES, you will need to stay for an exam with a doctor **BEFORE** leaving your pet with us.

Current Medications:

Name of Medication	Dosage	Last Given

Feeding Instructions:

What brand and variety of food does your pet eat? _____

How much / how often do you feed your pet? _____

When was your pet last fed? _____

Special Instructions? _____

Emergency Contact / Authorization Information

Phone: _____ Alternate Phone: _____ Name: _____

In case of emergency, the staff of Burrstone Animal hospital will make reasonable attempt to contact you or your designated representative. In the event that you cannot be reached, you hereby give permission to the doctors & staff of Burrstone Animal Hospital to perform treatments as deemed necessary. You will be responsible for any emergency charges at the time of discharge.

Yes, please treat my pet up to \$ _____ Whatever is needed _____ NO treatment _____

Signature of Owner / Agent: _____ Date: _____