

.Hospitalization Form

Date _____ Reason _____

Notes/Special Instructions _____

[pet info label]

Special Diet (s) _____

Medications _____

Treatments _____

Date	Food/H2O	Exercise	Elimination	Treatments/Meds	Notes
	 	 	Urine ___ ___ ___ B/M ___ ___ ___		
	 	 	Urine ___ ___ ___ B/M ___ ___ ___		
	 	 	Urine ___ ___ ___ B/M ___ ___ ___		
	 	 	Urine ___ ___ ___ B/M ___ ___ ___		
	 	 	Urine ___ ___ ___ B/M ___ ___ ___		
	 	 	Urine ___ ___ ___ B/M ___ ___ ___		
	 	 	Urine ___ ___ ___ B/M ___ ___ ___		

Weight at check-in _____

Temp at check-in _____

Other _____

Hospitalization Consent Form

Date _____ Reason _____

I hereby consent and authorize Lifetime Pet Center of New Richmond
to prescribe for, treat, or operate upon:

[patient info label]

I have been advised to the risks associated with treatments and/or surgery. It is thoroughly understood that I assume all risks and will take responsibility for payment of services rendered.

The Lifetime Pet Center of New Richmond will use all reasonable precautions against injury, theft, escape, or destruction of the animal listed above, but will not be held responsible in any manner whatsoever on account of the care, treatment, of safekeeping of the animal described above, as long as acceptable procedures of veterinary medicine have been followed.

It is also noted that my pet will be vaccinated if medically necessary or if recommended by the prescribing doctor in order to protect the safety of my pet and the staff handling my pet. In addition, if my pet is found to have fleas, ticks, or other parasites, internal or external, while in the hospital, s/he will be treated accordingly as seen fit by the doctor and staff. Please notify us if your pet has any allergies or drug sensitivities.

After reading the above, I have signed to acknowledge receipt and understanding.

Signature _____ Date _____ Phone _____

Does your pet have any known allergies and/or drug sensitivities? _____

Procedure being admitted for: *Hospitalization*

Your pet is being admitted for hospitalization. We may discover additional conditions or complications while your pet is here, which can incur additional charges.

Please indicate how you would like us to handle these situations should they occur:

- Do the procedure, treatment, and/or diagnostics regardless of cost.
- Call with estimate for additional charges. If we are unable to reach you:
 - Do the procedure, treatment, and/or diagnostic.
 - Do not do the procedure, treatment, and/or diagnostic until I can be reached.
- Authorize a certain amount for charges, we will call you if those charges are exceeded: \$ _____

By signing below, you acknowledge the estimate provided to you for hospitalization and associated costs is not a guaranteed price for services. There are often unforeseen circumstances that could result in an increased cost for the care of your pet. We will make a reasonable effort to inform you and gain consent for additional services before proceeding.

Signature _____ Date _____