



HOSPITAL ADMISSION FORM

This form is available to download on our website www.elliottbayah.com

Client _____ Pet Name _____ Phone: (1st) _____

(2nd) _____ E-mail (optional) _____

My pet is here for:

- _____ Ultrasound I understand sedation or anesthesia maybe required for x-rays (initial) _____
_____ X-rays I understand sedation or anesthesia maybe required for x-rays (initial) _____
_____ Lab testing / Bloodwork
_____ Doctor Exam (if exam is requested, the appropriate exam fee will apply)
_____ Bath (includes nail trim, anal gland expression)
_____ (initial) I authorize a de-matt / extended brush out if needed prior to bath (ask for estimate)
_____ Other _____

Would you like us to: _____ Update vaccines (if needed) _____ Microchip _____ Trim Nails (extra fee if not here for bath)

Has your pet eaten this morning?YES NO If YES what time: _____AM

Has your pet had morning medications (if any)YES NO If YES, please indicate below:

Medication, dosage & time _____ Medication, dosage & time _____

Medication, dosage & time _____ Medication, dosage & time _____

Will your pet need medications while here today?.....YES NO If YES, please indicate below:

If you need any medications refilled today, please specify the medication (s) below:

In the event your pet needs to stay overnight:

What would you like us to offer at meal time? (protein source) _____ How much? _____

Have you received an estimate for services?YES NO

If not, a staff member must be able to reach you with an estimated cost prior to treatment.

Special Instructions:

In the event of an emergency, it is expressly understood that the hospital and authorized personnel shall have authority and permission to prescribe for, treat and/or perform surgery upon the described animal. Should your pet require care from a Veterinary Specialist or Emergency Hospital, we will provide them with your current address and phone number (s).

To prevent the spread of infectious diseases/parasites, hospitalized animals must be current on all required vaccines and be free of external/internal parasites. I hereby authorize Elliott Bay Animal Hospital to provide the vaccines and parasite control when needed.

SIGNATURE _____ DATE: _____

Thank you for allowing us to care for your pet!