

ADMISSION FORM-ROUTINE

Pet name: _____

Primary reason for hospitalization:

****I understand that my pet is being admitted for examination regarding the above complaint. Please provide me with an estimate for treatment [] *If not checked no estimate necessary.***

If the pet is being admitted for surgery check the following, if applicable:

1) Microchip: This is a small implant that will help your pet to be identified if he/she becomes lost.

\$46 Accept [] Decline []

2) Presurgical Bloodwork: This helps us to check the health of your pet's internal organs and helps make the anesthetic procedure safer.

\$65 Accept [] Decline []

3) Sedatives: It is essential that your pet be kept quiet to allow them to heal. We can send home medication that will keep them quiet.

\$15-25 Accept [] Decline []

5) E-Collar/Bite Not: This will prevent your pet from licking the incision.

\$15-30 Accept [] Decline [] **If Owner allows pet to scratch,**

chew or injure incision site all repair costs will be responsibility of the owner!

4) Hip X-Ray: These are recommended for dog owners when your dog is under anesthesia so that we can identify arthritis or hip dysplasia early.

\$90 Accept [] Decline []

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I hereby authorize Morris Hospital, its' representative, agent or employees, to perform the necessary diagnostic techniques, treatments or surgery, with prior approval by owner or agent on the above described pet, and do hereby release and forever discharge Morris Hospital, its' representative, agent, or employees from all claims and demands whatsoever which I have or may have against Morris Hospital, its' representative, agent or employees by reason of said diagnostic techniques, treatments or surgery, and any consequences resulting directly or indirectly therefrom. (Should it be necessary to collect this account through an attorney, the undersigned agrees to pay all costs of collection including attorney's fees.) Necessary dental extractions are at the discretion of the veterinarian.

Signed: _____ Date: _____

****** All surgeries MUST be picked up by 5:45!!! If not picked up on time the pet will be kept overnight and an additional hospitalization charge will apply.*** [] PLEASE INITIAL ******

Contact Phone Number _____

*****PAYMENT IN FULL IS DUE AT THE TIME OF YOUR PET'S RELEASE*****