



Date _____

HOSPITAL ADMISSION FORM

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

Client's Name _____ Pet's Name _____

Phone numbers: (1st) _____ (2nd) _____

E-mail (optional) _____

My pet is here for:

- _____ X-rays. I understand sedation or anesthesia maybe required for x-rays (initial) _____
- _____ Lab testing / Bloodwork
- _____ Doctor Exam (if an exam is requested, the appropriate exam fee will apply)
- _____ Bath, Nail Trim, Anal Gland Expression
- _____ (initial) I authorize my pet a dematt / extended brush out *if* needed prior to bathing (ask for estimate)
- _____ Other _____

Does your pet have a microchip?..... YES NO
 Has your pet eaten this morning?YES NO
 In the event your pet will need to stay overnight, what do you feed your pet and how much?

Has your pet had morning medications (if any)YES NO
 Will your pet need any medications while here today?YES NO

If so, please indicate the medication, dosage and time _____

Would you like us to: _____ Update vaccines if needed
 _____ Trim Toe Nails (extra charge if not here for a bath)
 _____ Microchip your pet

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 and parasites, hospitalized animals must be current on all required vaccines and be free of external and 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!