

Hospital Admission Form

Client Name: _____ Date: _____
Street Address: _____
Town, State, ZIP: _____
Home Phone: _____ Cell: _____ Business: _____
Pet's Name: _____
Would you like Microchipping at this time? Yes No

Procedure:

The doctor will provide an estimate of charges intended to approximate the anticipated expenses in the care of
In the event of unpredictable circumstances that will cause the bill to exceed the estimate by 25%, we will attempt to contact you before proceeding.

Pre-Anesthetic Blood Testing

Like you, our greatest concern is the well being of _____ He/she is scheduled for surgery and/or anesthesia. Before putting him/her under anesthesia, we will perform a full physical examination. However, we recommend a pre-anesthetic blood profile to be performed in order that we may maximize patient safety and alert the doctor to the presence of dehydration, diabetes and/or kidney or liver disease, which could complicate the procedure. These conditions may not be detected unless a pre-anesthetic profile is performed. These tests are similar to those your own physician would run were you to undergo anesthesia. In addition, the results of these tests may be useful later to develop faster, more accurate diagnoses and treatments in the event that _____ health changes.

State of the art equipment enables us to perform the pre-anesthetic profile within the clinic and we are committed to making this technology available to _____

Includes:	BUN (Kidney)	ALKP (Liver)	Glucose (Blood Sugar)
	Total Protein (Hydration)	ALT (Liver)	Creatine (Kidney)

Cost: \$82.00

Please check and initial either 1 or 2:

1. Please complete the recommended blood work prior to surgery on _____
If abnormalities are found, please contact me at the number listed below.
2. I have elected to refuse the recommended pre-anesthetic blood work at this time and request that you proceed with anesthesia. I assume the full financial responsibility for _____
I understand they're always potential risks when using anesthesia or performing surgery on an animal.

I hereby authorize Greenwood Lake animal hospital, LLC to perform the above procedures and additional diagnoses, treatment, or surgical procedures as deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. The nature of the procedure has been explained to me and no guarantee has been made as to the results or cure. I understand that there may be risks involved in these procedures. I will not hold Greenwood Lake Animal Hospital, LLC, the doctors, or its staff liable for any complication.

A 50% prepayment is required at the time of admission. Payment is expected in full when services are rendered.

Did _____ eat or drink since midnight? YES NO

If yes, explain:

I can be reached at this(these) number(s): _____

Signature of Owner/Authorized Agent (18 years or older) _____