



ADMISSION TO HOSPITAL, MEDICAL DIAGNOSTICS or SURGERY CONSENT

The following information is needed so that we may serve you and your pet better. Please fill this form completely.

CLIENT NAME: _____ PET'S NAME: _____ K-9 Fel Other

Phone number where you can be reached today: ___ (____) _____ H W Cell pager

Alternate number if available: ___ (____) _____ H W Cell pager

Reason for Admittance: _____

I hereby authorize performance of the following surgical, medical diagnostic or treatment procedures:

Time of your pet's last meal: _____ am pm

Belongings: Collar _____ Leash _____ Food _____ Blankets _____ Bed _____ Carrier _____ Toys _____ Meds _____

Pedicure _____ Ear Cleaning: _____

_____ **MICROCHIP I.D. IMPLANT** - \$ 29.95 (plus a biohazard fee \$4.00). State of the art, unalterable permanent identification greatly increases the chance of being reunited with your pet should you become separated. We recommend it to all our patients to insure their safe return if ever lost.

Please check what applies:

I do authorize the PMCS doctors and staff to perform any procedure as the doctor deems necessary. I authorize the PMCS doctors to sedate my pet if it is necessary in order to examine or treat it. Note time of pet's last meal above.

OR

I wish to be contacted before any additional treatments are performed.

If I can not be reached: I do I do not authorize treatments.

If pet is having dental procedure today:

I do authorize the PMCS doctors to perform the recommended extractions.

I wish to be contacted before any major extractions are performed.

If I can not be reached: I do I do not authorize major extractions.

_____ Ora Vet Barrier Sealant _____ Ora Vet Home Care Kit

The hospital is staffed during the following non-holiday hours: MONDAY – FRIDAY 7 AM - 7 PM / SATURDAY 7 AM - 1 PM. On weekends and holidays staff members come in twice daily to care for patients and boarders in the hospital. The animals are given individual attention, fresh food and water, any prescribed medications, a short period of exercise, and clean kennels and beds. Doctor will come if medical attention is required. We have no on-premises staff staying overnight on weeknights or from 1 PM Saturday afternoon to 7 AM Monday morning. I understand level of care and supervision that will be accorded my pet should he/she stay overnight or over the weekend at Pet Medical Center of Springfield (PMCS).

The nature of the procedure(s) has been explained to my satisfaction and I understand that no guarantee or warranty can be ethically or professionally made as to the results or cure. I understand that there may be a risk involved in these procedures and my questions/concerns have been addressed by the PMCS staff to my satisfaction.

Print Name

Signature

DATE