

HOSPITAL ADMITTANCE/ DROP OFF FORM

The information requested will tell us the services you want us to provide for you pet. It is the only way we can be certain that we understand what you want. Therefore, it is very important for you to be as specific as possible. In case we need additional information, please give us a phone number where you can be reached TODAY. Thank you.

Owner's Name _____ Date _____
Emergency Contact or Agent _____ Phone _____

***You are authorizing this person to act on your behalf in making health and financial decisions for you pet.**

Is the address and phone on your medical record still correct? Yes() No()

Changes _____

Pet's Name _____ Breed _____ Sex _____ Age _____

PHONE NUMBER WHERE YOU CAN BE REACHED _____

PLEASE NOTE THE SERVICES REQUESTED FOR YOUR PET

**An exam fee is incurred for all examinations by a Doctor.

**An outpatient day care charge will also apply.

SHOULD FLEAS OR TICKS BE PRESENT ON YOUR PET THEY WILL BE TREATED AT YOUR EXPENSE. _____

Please select from the following courses of action:

() Examine my pet only. Do not provide further treatment unless authorized. I understand that if I cannot be reached in a timely manner, my pet may need to board overnight (at my expense) in order to receive the procedures my agent or I approve.

() Please treat the existing problem(s). I pre-authorize charges to a maximum of \$ _____.

() Provide any services/treatments deemed necessary by the attending Veterinarian, including vaccinations, blood tests, radiographs and surgery.

PLEASE CALL OUR OFFICE IF YOU REQUESTED TO BE CALLED AND HAVE NOT HEARD FROM US BY 2:00 p.m.

If a health emergency occurs with my pet, I authorize Coffee Road Animal Hospital, INC. to follow through with such procedures as are necessary for the stabilization of my pet and understand I am responsible for payment of these procedures.

I further understand that payment for all services must be made in full at the time of my pet's discharge.

Signature _____ Date _____