



ADMISSION CONSENT FORM

Owner Name:

Pet's Name:

Species:

Sex:

DOB:

I, the undersigned owner, or owner's agent, of the pet identified above, certify that **I am over eighteen** years of age, and thereby consent to the examination of my pet by staff, veterinarians at Ingleside Animal Hospital. After consultation with me I authorize Ingleside Animal Hospital to prescribe medication or to treat, hospitalize, anesthetize and/or perform surgery on my animal. I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with my attending veterinarian before the procedure is initiated. Should some unexpected life-saving emergency care be required, Ingleside Animal Hospital's staff has my permission to provide such treatment and I agree to pay for such care.

It is also my understanding that Ingleside Animal Hospital does not provide 24 -hour care and that the staff are on premise only during operating hours. After hour care can be provided for at an Emergency Animal Clinic.

I understand that an treatment plan of the costs for veterinary services will be provided to me and that I am encouraged to discuss all fees attendant to such care before services are rendered and during my pet's ongoing medical treatment. If my pet is hospitalized, **I agree to pay a deposit of 50% of the estimated fees** and assume financial responsibility for the balance of all services rendered on a cash, credit card or check basis at the time my pet is discharged from the hospital. In the event my pet is hospitalized for more than 48 hours and my attending doctor is unable to reach me, I understand it is my responsibility to call the hospital at least every 48 hours to inquire as to the medical status of my pet and the fees incurred for medical services up to that day. Also, no warranty or guarantee has been made as to the result or cure.

I further agree that I, or an authorized agent of mine, will pick up my pet and pay for all accrued charges within 3 days after receiving written or oral notification that my pet is ready to be released from the hospital.

Nature of Problem:	Vomiting?	Yes	No
Duration of symptoms:	Diarrhea?	Yes	No
Are symptoms? Same Worse Improving	Coughing?	Yes	No
Change in appetite? Same Increase Decrease	Sneezing?	Yes	No
Water consumption? Same Increase Decrease	Recent Change in diet?	Yes	No
Change in activity level? Same Increase Decrease	Other pets in house?	Yes	No
Treatments?	Last time your pet ate?		
Similar Problem Previously?			

Other information?

Owner signature

Date

Phone # where you can be reached today: