



Dr. _____

ADMISSION INFORMATION

Last Name: _____ Pet's Name: _____

Drop off time: _____ Pick-up Time: _____

Emergency Phone Number: _____

Who will be picking up your pet? _____

Reason for visit: _____

Additional services: Please check all the apply

Bath Nail trim Refill Medication(s) _____

GLUCOSE CURVES ONLY : Amount of insulin given: _____ Insulin given at: _____

Breakfast fed at: _____ Other meds given at: _____

Reasonable precaution will be used against injury, escape, or death of this pet. This clinic staff will not be held liable for problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet will be treated as deemed best by Dr. Jen Thompson, and I assume full responsibility for the treatment expense involved.

I am the owner/agent for the above mentioned pet(s) and request boarding for my pet. Unfortunately, sometimes unexpected emergencies can occur while a pet is boarding. In the event that a tragedy occurs. I understand that Dr. Jen Thompson will attempt to contact me at all the emergency numbers listed. If I can not be reached at this number, I authorize initial diagnostics, including radiographs, and blood work if indicated for stabilization of my pet. Further, if I can not be reached, I authorize initial treatment, including fluid support and other supportive medications be started as indicated for my pet. I authorize anesthesia, surgery and medications if needed for abscess, laceration or other wounds, if my pet is presented for one of these problems. I understand, and accept that when anesthesia is involved, there are always inherent risks, including death.

I realize that sometimes emergencies require 24 hour care at an emergency veterinary hospital. I authorize Dr. Jen Thompson and/or her staff to transport the above listed pet to a nearby 24 hour emergency hospital if deemed necessary by Dr. Jen Thompson. I understand payment is due when my pet is discharged, however, a deposit may be required after an estimate is prepared and discussed. I accept financial responsibility for charges incurred for this pet. I understand that I will be charged for flea medication and a dose will be applied if evidence of fleas is found on my pet today.

Signature: _____ Date: _____