

Stoney Brook Veterinary Hospital

HOSPITAL ADMISSION FORM

Pet Name: _____ Date: _____
Client Name (Last, First): _____
Is your pet taking any medication? Yes _____ No _____ Did your pet receive its medication today? Yes _____ No _____
Did your pet eat this morning? Yes _____ No _____
Has your pet had any illness or injury in the past 30 days? Yes _____ No _____
Any history of seizures and/or previous anesthetic problems? Yes _____ No _____
If pregnant would you like us to continue with spaying your pet? Yes _____ No _____

Procedure To Be Performed:

Spay Neuter Radiographs Hospitalization IV Catheter/fluids Dental

Biopsy: Send / Don't Send Blood Work /Urinalysis Surgery: _____ Anesthesia

Urinary Catheterization Symptomatic Treatments Subcutaneous fluids Other: _____

Pre-anesthetic blood work (recommended for older pets-7 years and up or if your pet is ill.)
Accept _____ Decline _____ N/A _____

I authorize and direct the veterinarians and staff of Stoney Brook Veterinary Hospital to perform procedures circled above:

Anesthetic Release:

I understand that during the performance of the above procedure(s), unforeseen conditions may be revealed that necessitate an extension of the procedures, or even procedures different from those set forth previously. I hereby consent and authorize the performance of such procedures as deemed necessary in the exercise of the veterinarian's professional judgement. I have been advised of the nature of the services and procedures as well as the risks involved, and while I expect all procedures to be performed to the best of the staff's abilities, I realize that medical results cannot be guaranteed.

I authorize Kim Jones, DVM, and/or her agents to perform any diagnostic, therapeutic, anesthetic, emergency and surgical procedures necessary for treating and maintaining my pet's health and well being. I expect Dr. Jones and/or her agents to use reasonable precautions to ensure my pet's safety, and I agree to pay in full when my pet is discharged (unless other arrangements have been made). I understand I am still responsible for charges incurred even if my pet passes away while at Stoney Brook Veterinary Hospital.

Date _____ Signature of owner/agent _____ Phone number today: _____
All day In/Out Morning Afternoon

Cell Phone: _____ Other contact person's name: _____ Phone number _____

Admitting Tech/Receptionist Initials _____

Are Vaccinations Current?

	Yes	No		<u>Update Today</u>		Yes	No		<u>Update Today</u>
CATS	<input type="checkbox"/>	<input type="checkbox"/>	Rabies	<input type="checkbox"/>	DOGS	<input type="checkbox"/>	<input type="checkbox"/>	Rabies	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	FVRCP	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	DHLP+Parvo	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	FELV	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	HWT/Lyme	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	FELV/FIV Test	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Bordetella	<input type="checkbox"/>

Pre-op Exam: Weight: _____

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Ears Clean	<input type="checkbox"/>	<input type="checkbox"/>	Fleas Present? (If yes, will be treated at the owner's expense)
<input type="checkbox"/>	<input type="checkbox"/>	Skin Clear	<input type="checkbox"/>	<input type="checkbox"/>	Deciduous Teeth
<input type="checkbox"/>	<input type="checkbox"/>	Dental Tartar			

Elective procedures to be done while my pet is in your care today:

- Extract Deciduous Teeth
- Dental Cleaning
- Microchip Identification Implant
- Ear Cleaning – Ear Cytology
- Remove Wars/Skin Growth – Location: