

Best Friends Veterinary Hospital
Admission Form (single day)

Pet's Name _____ Breed _____

I certify that I own the above described animal, and do hereby consent and authorize Doctors Riggs, Heidrich, Kyle, Baltzell, Welch or their associates to care for my pet. I understand that risks exist with the use of medications, testing procedures, anesthesia, and surgery. I am encouraged to discuss any concerns that I have about the procedure(s) and risks involved and I also understand results cannot be guaranteed.

Payments: I am aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred. Furthermore, all fees due for the care and treatment of my pet will be paid in full the day that my pet is discharged from the hospital. In the event that I fail to pay these fees, I will be liable for the reasonable costs of collection, including court costs and attorney's fees. **Initial:** _____

Preanesthetic Bloodwork: This is an in-house blood screening to test liver and kidney values. It helps us to determine if your pet is a good candidate for anesthesia. **There is an additional cost for this service.**

OPTIONAL for pets under 7 years old
REQUIRED for pets 7 years and older

Yes _____ No _____ (please initial next to your choice)

Dental Patients: During a dental cleaning, it may be necessary to take dental x-rays or extract teeth. Would you like to give approval now or be called **while your pet is under anesthesia** with an estimate of any additional procedures? (If you would like to be called, please be available at the phone number you have provided.)

_____ Please call for approval (Phone number: _____)

_____ Please call for anything over estimate (recommended)

_____ Approval received at drop-off

[Verification received by: _____ / _____]

FIV/Feline Leukemia/Heartworm Testing: This is recommended for all cats that have not yet been tested or any cat that goes outside, has had cat bite wounds, or is acting sick. **There is an additional charge for this test.**

Yes _____ No _____ (Please initial next to your choice)

Other Services: We can provide these additional services while your pet is under anesthesia for an additional cost. Please initial next to the services you would like performed today.

_____ Nail Trim _____ Anal Gland Expression _____ Microchip Placed

Estimate: Please confirm that you have received an estimate for your pet's procedure.

Yes, I have received an estimate. _____

I hereby acknowledge that I have read and agree to the above terms and conditions.

Signature: _____ **Date:** _____

Contact Information where we can reach you today WHILE YOUR PET IS UNDER ANESTHESIA if necessary:

Name: _____ **Primary Number:** _____

Name: _____ **Alternate Number:** _____

Is it ok to communicate with you via text message? Yes _____ No _____

If so, which phone number should we use? _____