

Drop Off Hospitalization Consent Form

Procedure _____

Doctor _____ Date _____ Animal's name _____

Phone Number where you can be reached today (note if cell/home/work):
Name of contact/phone number _____
Name of contact/phone number _____
We will make every effort to contact you if additional care for your pet is necessary and appropriate, or if we need to deviate from your estimate. If the doctor cannot reach you by telephone, we will do what is necessary and appropriate to care for your pet and you will be charged accordingly.

Animal's age _____ Animal's weight _____

Is your pet on any medication? _____ **Please list medicine and time of most recent dose:**

Is your dog on Heartworm preventative? _____ **Date and type of last dose** _____

Is your pet on flea and tick control? _____ **Date and type of last dose** _____

Are vaccines current? _____ What vaccines are due? _____

Extra fees are charged for the following. Receptionist can give you fees if yes circled.

Yes/No: Administer vaccines or tests that are due (noted above).

Yes/No: Trim front and rear nails.

Yes/No: Implant a "Home Again" Microchip.

Yes/No: Administer sedation if doctor feels it is warranted.

ACTH Stimulation: Fast 12 hours before test, water ok. Test takes 2 hours.

Used to diagnose addison's disease or to monitor pets on Trilostane.

NOTE for pets on Trilostane, test needs to START 4 hours after AM Trilostane dose.

If already on treatment, time and type of last medicine dose _____

Low Dose Dex Suppression: Fast 12 hours before test, water ok. Test takes 8 hours.

Used to diagnose cushing's disease.

Bile Acids Testing: Fast 12 hours before test, water ok. Testing takes 2-4 hours.

Blood Glucose Curves: Feed and give insulin as normal. We will check glucose every 2 hours until 7pm.

Time of feeding _____ Time of insulin _____

Normal insulin dose and time of injection _____

Heartworm Treatment phase _____ Client has HW handout/estimate and next phase is scheduled on _____

Emergency Dropoff: Provide any records/bloodwork/xrays from other hospital.

Emergencies MAY be charged an emergency fee, professional fee AND hospital care fee.

Urine Problems: Current diet fed _____ Eats (circle one): can food/dry food/both.

Ok to take bladder xrays if doctor feels is warranted _____

Grooming: Note if sedation may be needed ____ Note kind of sedation used in past _____

Please note: if pet has fleas or ticks, we will treat at owner's cost!

Additional information about hospitalizing your pet:

Normal drop off time is between 8-8:30am.

Normal discharge time is between 4-7pm on weekdays and 12-1pm on Saturdays.

We do not have overnight supervision of hospitalized pets.

Unless special arrangements are made, payment is due at time of pet's discharge.

As well known with ALL anesthesia and surgery, there are rare risks involved such as bleeding, infection and death. We take these risks seriously and advise preanesthetic bloodwork, intraoperative fluids and special anesthetics when warranted. We also monitor animals under anesthesia for oxygen levels, breathing rates and heart rates. We can also monitor EKG and blood pressure when warranted. Your veterinarian will guide you and recommend the best plan for your animal.

I am the owner and am financially responsible for this pet. I read and understood the above.

Signature _____

OR

I am authorized to relay this information to the person who is the owner and is financially responsible for this pet.

Signature _____ **Relationship to owner** _____