Southside Veterinary Hospital

Admission/Treatment Consent

Date: _____ Owner's Name: _____ Patient's Name: _____

Phone Number(s): _____ Emergency Contact: _____

Reason for Admission/Current Symptoms: _____

_____

What type of food does your pet eat? _____ What time of day do you feed your pet? _____

How much do you feed? _____ Last meal (day and time): _____

Do you give any snacks (treats) to your pet? _____ Is your pet drinking normal (if no, is it more or less than usual)? _____ Any vomiting or diarrhea (if so when)? _____

Please list any medications your pet is currently taking and last dose given:

_____

Vaccinations & Parasite Prevention

All patients admitted to the hospital must be current on vaccinations unless medical stated otherwise. If necessary, any required immunizations, heartworm and intestinal parasites test will be provided at our regular fee schedule. **ALL PATIENTS MUST HAVE CURRENT RABIES IMMUNIZATION.**

STRONGLY RECOMMENDED IMMUNIZATIONS:

Canine: Canine Distemper and Bordetella

Feline: Feline Distemper and Feline Leukemia

We feel strongly that our feline patients need to be tested for Feline Leukemia (FeLv) and Feline AIDS (FIV) and vaccinated for FeLv.

YES: I want my cat tested for FeLv/FIV and vaccinated if necessary_____ (owner initials)

NO: I do not want my cat tested for FeLv/FIV or vaccinated for FeLv _____ (owner initials)

Diagnostics

Southside Veterinary Hospital strongly recommends diagnostic bloodwork whenever a patient is sick (vomiting, diarrhea, not eating or drinking for multiple days, etc.). Dr. Kilpatrick will first examine the patient and request certain diagnostics such as bloodwork or radiographs (if applicable ex. limping/painful). Depending on the symptoms and physical examination of patient, an intravenous catheter may be placed if Dr. Kilpatrick deems necessary. An intravenous catheter will allow for administration of intravenous fluids and medications if needed. An estimate can be given to you upon admission if desired.

Bloodwork

YES: I would like Bloodwork performed on my pet. _____ (owner initials)

NO: I would not like Bloodwork performed on my pet. _____ (owner initials)

Radiographs (X-Rays)

YES: I would like radiographs performed on my pet. _____ (owner initials)

NO: I would not like radiographs performed on my pet. _____ (owner initials)

By declining diagnostics above I understand that without certain diagnostics Dr. Kilpatrick may not be able to accurately treat and diagnose my pet.

I, being responsible for the above described pet, have the authority to grant Southside Veterinary Hospital my consent to receive, prescribe, treat, transport, operate on and or discharge my pet. I understand the potential risk of surgery and anesthesia. I am also aware of the level of care available to reduce these risks. All charges shall be paid when the pet is released from the hospital. If the pet is not picked up within fourteen (14) calendar days after the day the pet was due to be picked up, then the pet will be considered abandoned in accordance with the "Abandoned Animal Act". It is understood that Southside Veterinary Hospital's subsequent actions do not relieve me from paying all incurred costs of services and hospitalization rendered, including the cost of daily boarding fees.

Signature of Owner or Authorized Agent: _____