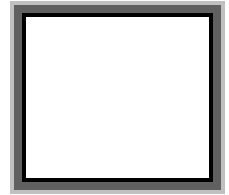




Medical Admission Form

Please Read Carefully



Name:		Date:
Pet's Name:		Chart #:
Breed:	Sex:	Age:
Weight:	Color:	

While your pet is anesthetized, we will have an opportunity to optimally trim his/her nails and clean his/her ears. Please check off the appropriate box below if you would like any of these services done. Ear cleaning will be done if a complete exam of the ear canals determines the ear(s) should be cleaned. A microscopic analysis of ear exudate will also be performed if necessary.

Add On Dental Cleaning

Canine \$ 213.00

Feline \$ 196.00

Nail Trim \$ 18.50

Simple Ear Cleaning – Non Medical \$ 20.50 Simple Ear Cleaning – Medical \$ 43.00

Microchip placement for identification \$73.00

Phone numbers where we can reach you today:

(list times available if possible)

When did <animal> last eat? (time/day):

Home: _____

Work: _____

Any other number you can be reached at today: _____

I, the undersigned, certify that I am the owner, or authorized agent for the owner, of the animal described above. I authorize the doctor on duty and assistants to perform the procedures listed above and on the attached estimate, including administration of pain relief medications, sedatives and/or anesthetics, as well as any necessary and appropriate medical, radiological, surgical, nursing, diagnostic, and/or emergency care for the animal. I have been advised as to the nature of the procedures and the potential risks. I also understand that no guarantee of successful treatment can be made.

I have read and understand the reasons for and the risks of the above and attached authorized procedure(s), and assume full financial responsibility for all charges and services incurred to the described animal.

Signature of Owner/Agent

Date

Print Name