

Owner: _____

Pet: _____

**WINDSOR VETERINARY CLINIC
HOSPITAL ADMITTANCE FORM**

Hospitalization for: Examination Vaccinations _____

Growth Removal Wound/Abscess Sx Treatment Boarding until _____

Bloodwork Radiographs Ultrasound Urinalysis Toenail cut Dematt

Other _____

- ❖ If your pet is being admitted for a surgical procedure that requires general anesthesia, please be informed that while it may be a routine surgery, there is always some risk. To help us minimize the risk for your pet, we recommend a pre-anesthetic blood screen and IV fluid support.

For young animals with inherently lower risk, we recommend a basic 11 test screen, assessing fundamental organ systems required for the breakdown of anesthetics and oxygen carrying capacity.

For animals over seven years old, or a **younger animal with medical problems**, we recommend a chemistry screen and complete blood count. This information gives a more complete picture, allowing us to make your pet's anesthetic procedure as safe as possible.

PLEASE INDICATE YOUR PREFERENCES:

Partial screen – for basic safety	[]	\$22	IV Fluids – for anesthesia and life support	[]	\$52
Mini screen - recommended for young pets	[]	\$44.50	Microchip ID – permanent identification	[]	\$38/51
Full screen - recommended for older pets	[]	\$54	Doctor call back – after procedure	[]	

I decline post operative pain medication [] (additional fee for pain medication may apply)

TELEPHONE NUMBER WHERE YOU CAN BE REACHED DURING YOUR PET'S STAY

_____. Our inability to contact you will result in your pet not receiving important but not previously approved medical care.

- ❖ **Discharge/Pick-Up Time:** _____.

- ❖ **Please authorize us to perform the above procedures by reading and signing the following:**

We are not staffed 24 hours per day. Your pet will be monitored as the situation allows, but there will be times when your pet is unattended. I have read and understand the above information and am giving the Windsor Veterinary Clinic permission to proceed with whatever is necessary to maintain the health of my pet, **including flea and/or ear mite treatment** at my expense.

PAYMENT IN FULL IS DUE AT DISCHARGE.

ALTERNATE ARRANGEMENTS MUST BE ADDRESSED NOW AT ADMISSION.

Delinquent accounts will be charged a \$25 collection agency fee.

Signature: _____

Date: _____