

Owner: _____

Pet: _____

**WINDSOR VETERINARY CLINIC
HOSPITAL ADMITTANCE FORM**

Hospitalization for Spay/Neuter –additional fee if pregnant, in heat, or over 1 yr. old

Females are given a small tattoo indicating they have been spayed

Declaw/Dewclaw Hernia repair Examination /Vaccinations _____

TNC Other _____

- ❖ 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 the ‘Mini screen,’ 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 | Heartworm/Lyme test - | [] | \$44 |
| Mini screen - recommended for young pets | [] | \$44.50 | Feleuk/AIDS test - | [] | \$42 |
| Full screen - recommended for older pets | [] | \$54 | Fecal exam - | [] | \$26.50/\$35.75 |
| IV Fluids – for anesthesia and life support | [] | \$52 | Microchip ID | [] | \$38/51 |

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 earmite 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: _____