

Hospitalization Admission Form

Client Name _____ Patient Name _____ Date _____

Hospitalized patients are examined by the doctor the day of arrival and technicians carry out the treatments directed by the doctor. If your cat is on any medication or treatment please list them and how often they are given so we can be sure to keep them on their schedule.

1. _____
2. _____
3. _____
4. _____

Please list the kind of food you are currently feeding you cat.

Wet: _____ Dry: _____

Please List the location where you may be reached and the telephone number so in case of emergency we can try to contact you.

Resort: _____

Phone: (_____) _____ Cell(_____) _____

Emergency contact: If there is someone else who you would like us to contact to make decisions in your absence you may list.

Name _____ Phone _____

You may release my cat to _____ if I am unable to pick up my cat in person.

I would like to pick up my cat on _____ am/pm.

Are there any services you would like us to perform while your cat is staying here.

- Bath
- Nail trim
- Anal gland expression
- Tummy clip/ hind area clip
- Soft paws
- Other _____

Owner Release: I understand all cats admitted to the hospital must be protected against communicable diseases and are therefore required to be current on FVRCP and Rabies. Likewise, all cats must be free of internal and external parasites or will be treated on entry or discovery at the owner's expense.

If vaccinations were performed elsewhere, please provide written documentation of the Rabies and FVRCP vaccination administered.

I understand that the hospital is not responsible for loss or damage to personal items left with the cat while being hospitalized.

I understand that in the event of illness, the staff will immediately attempt to contact me to discuss the problem and treatment options, but may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I can be reached. I am placing a financial limit of _____ dollars for these services.

Should an emergency arise, I authorize the medical staff to perform such emergency procedures as may be necessary for the health of my cat until I can be notified. I agree to pay, in full, all charges for necessary services rendered for and to my cat.

I will call if my "pick-up date" changes so you can plan accordingly. If I neglect to pick up my cat within 5 days of the date scheduled for discharge, and do not notify you within that time period, you may assume that my cat is abandoned.

Signature: _____ Date: _____