



# DAY ADMISSION FORM

Owner Name: \_\_\_\_\_ Chart # \_\_\_\_\_ Patient Name: \_\_\_\_\_

In order to provide the best possible care and keep you updated on your pets status, we need the best phone number/s to reach you today: Home \_\_\_\_\_ Or Cell \_\_\_\_\_

Reason for Drop Off: \_\_\_\_\_

When did symptoms start? \_\_\_\_\_

Has it happened before? \_\_\_\_\_

When did your pet last eat/drink? \_\_\_\_\_ How much? \_\_\_\_\_

Is your pet on any medications? \_\_\_\_\_

Last dose? \_\_\_\_\_

Other comments or concerns? \_\_\_\_\_

- An available veterinarian will perform a full physical examination on your pet as soon as the schedule allows. Although we will make every effort to contact you prior to treatment, it is very important to start diagnostic procedures and treatment as soon as possible. This may include, but is not limited to blood work, radiographs, fluid therapy, and medications.

### What level of immediate diagnostics and treatment do you authorize? \*

- Level 1 \$600 - \$900** (exam, blood work, radiographs, fluids, medications)
- Level 2 \$400 - \$600** (exam, blood work, fluids, medications) or (sedate/multiple foxtail removal)
- Level 3 \$200 - \$400** (exam, fluids, medications) or (sedate/foxtail in ear)
- Level 4 \$50** Exam Only -I must be reached before starting any diagnostics or treatment.  
**(THIS MAY DELAY OR POSTPONE TREATMENT OF YOUR PET if you cannot be reached at time of exam)**

### Authorization \*

I understand that all drop-off patients will also be charged a drop off or hospitalization fee ranging from **\$30.00-95.00**. As the owner/responsible agent of this pet, I authorize Thompson Peak Veterinary Clinic to provide the necessary medical procedures listed above. I agree to assume all financial responsibility for any charges incurred and understand that such charges are due in full at the end of my pet's hospital stay. **A 50% deposit may be required at time of drop off.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ANESTHESIA / SEDATION / PROCEDURE AUTHORIZATION

**Please initial after each statement below:**

I understand that unforeseen conditions may be revealed during the procedures that may require more extensive or different treatments. I understand that all reasonable efforts will be made to contact me to authorize any additional treatments. However, if these efforts are unsuccessful, I authorize the performance of any procedures or treatments that are deemed immediately necessary for the health and wellbeing of my pet in the professional opinion of the attending veterinarian. \_\_\_\_\_

**I understand that I assume financial responsibility for all services rendered** \_\_\_\_\_

I hereby authorize anesthesia/surgery for my pet. I understand that some risks always exist with anesthesia and /or surgery. My signature on this consent form indicates that any questions have been answered to my satisfaction. While Thompson Peak Veterinary Clinic provides the highest quality of anesthesia monitoring and surgical services, I understand that there are rare complications associated with any anesthetic or surgical procedure. In particular, I have been advised that there is an extremely small risk of death, complications, or side effects every time an anesthetic is used and that I have been advised of the possibility. I acknowledge these risks and understand that the veterinarians and hospital staff will try to minimize such risks. I will not hold Thompson Peak Veterinary Clinic, the veterinarians, or any staff member liable for any complications that may arise. \_\_\_\_\_

**I have read and understand this authorization.**

**Owner/Authorized Agent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Technician/DVM (witness) initials** \_\_\_\_\_