THE ANIMAL HOSPITAL OF CARRBORO HOSPITAL ADMISSION

PATIENT DOCUMENTS HERE

PLEASE LIST *SPECIFIC* REASONS. _____
FOR TODAY'S VISIT---------»»

_____

PET HISTORY- Please answer the following questions to help us treat your pet:

1. What type of food does your pet generally eat? (brand, canned or dry, etc.) _____
2. Has your pet experienced any vomiting, coughing, or diarrhea? _____
3. When did your pet last eat? _____
4. Please list any allergies this pet has. _____
5. Please list any medications your pet had this morning.

During the physical examination, conditions other than those for which the patient was admitted are occasionally discovered which need further testing or treatment. If your pet is ill or injured, laboratory tests and/or radiographs may be needed to develop a treatment plan.

PLEASE READ THE FOLLOWING AND INITIAL BY THE IONEI OPTION YOU PREFER:

1. _____ I AUTHORIZE TESTING AND TREATMENT AS NEEDED.

OR

2. _____ PLEASE NOTIFY ME OF ANY COSTS BEYOND THE PRE-TREATMENT PHYSICAL EXAMINATION, DAY HOSPITALIZATION, AND REQUESTED PROCEDURE(S) FOR TODAY'S ADMISSION. I UNDERSTAND THAT NO OTHER DIAGNOSTICS OR TREATMENTS WILL BE PERFORMED WITHOUT MY PERMISSION.

OR

3. _____ PLEASE NOTIFY ME REGARDING ANY NECESSARY ADDITIONAL TESTING AND TREATMENT. HOWEVER, IF I AM NOT AVAILABLE WHEN YOU CALL, THEN I AUTHORIZE TESTING AND TREATMENT AS NEEDED.

Please initial one option: If my pet experiences a cardiac arrest during hospitalization,
I authorize resuscitation _____ OR I do not authorize resuscitation (DNR) _____

THE ANIMAL HOSPITAL CLOSES AT 6PM MONDAY THROUGH FRIDAY. WE CLOSE AT 12PM ON SATURDAYS. WE ARE CLOSED FROM 3:00-4:00 PM ON TUESDAYS FOR STAFF TRAINING.

IF YOU CANNOT PICK UP YOUR PET BY OUR CLOSING TIMES, YOUR PET WILL BE GIVEN FOOD, WATER, AND A COMFORTABLE PLACE TO SLEEP. THERE WILL BE AN OVERNIGHT BOARDING CHARGE.

PLEASE NOTE: WE DO NOT HAVE AFTER-HOURS PICK UPS.
FOR SECURITY REASONS, ONCE THE HOSPITAL DOORS ARE LOCKED, THEY WILL NOT BE RE-OPENED. THANK YOU FOR YOUR COOPERATION.

PLEASE TURN TO BACK PAGE>>>>>>>>>>>>>>>>>>>>>>>>

MICROCHIP IDENTIFICATION

We can implant a microchip in your pet today for an ID that can't get lost. There is an additional fee for microchip implantation. Would you like a pet microchip today? YES NO ___________

BITING ANIMALS: Animals brought to The Animal Hospital for treatment enter an environment where the presence, smells, and sounds of other animals may cause over-stimulation or defensive behaviors. Additionally, some procedures may be uncomfortable. If you think your pet may try to bite during an examination or procedure, please inform our staff. If a pet attempts to bite, we will gently muzzle your pet to protect our staff from bites. PLEASE BE AWARE THAT STATE LAW MANDATES THAT ANY ANIMAL THAT BITES A HUMAN OR ANOTHER ANIMAL MUST BE REPORTED TO ANIMAL CONTROL.

Fleas- We check all patients for fleas on their physical examination. If we do find fleas we will treat your pet with a single dose of Capstar- a safe, effective, oral flea treatment. The cost of the treatment will be reflected on your invoice when you pick up your pet.

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>>I hereby certify that I have read and fully understand this authorization for treatment. I also assume financial responsibility for all the charges incurred to the above patient and agree to pay for all such charges at the time I pick up my pet..

>>I understand that a pre-procedure deposit of up to half the estimate for services may be required depending on my pet's treatment and circumstances.

>>I further understand that in the event of an emergency, my pet will have emergency treatment provided at my cost and the attending veterinarian will contact me as soon as possible regarding further treatment options.

>>I further understand that any treatment, especially one involving anesthesia, presents risks and that no guarantee of successful treatment has been made.

I will pay for today's services with [] Visa [] Mastercard [] American Express [] Discover
[] Cash [] Check [] Care Credit

YOUR NAME: ____ DATE: ___________________________

PHONE# WHERE YOU CAN BE REACHED TODAY:,____

SIGNATURE:____

IF YOU WOULD LIKE A TREATMENT PLAN FOR TODAY'S PROCEDURES, PLEASE ASK A RECEPTIONIST PRIOR TO LEAVING YOUR PET FOR TREATMENT.