

SUNSET VETERINARY HOSPITAL HOSPITAL ADMISSION FORM

DATE _____



Before admission for treatment or surgery, we would appreciate the following:

	YES	NO
Has your pet eaten in the last 12 hours?.....	{ }	{ }
Have you noticed any changes in your pets activity?.....	{ }	{ }
Have you seen any rapid breathing or weakness?.....	{ }	{ }
Have you seen a change in water consumption?.....	{ }	{ }
Has your pet's urine output changed?.....	{ }	{ }
Any change in bowel movements?.....	{ }	{ }
Any food or drug allergies?.....	{ }	{ }

MEDICATIONS: Please list routine medications you give on a daily basis;
(thyroid, anxiety, antibiotics...) _____

{ } ANESTHETIC PROCEDURE _____
 { } NON ANESTHETIC PROCEDURE _____
 { } `SPECIAL INSTRUCTIONS _____

AUTHORIZATION FOR MEDICAL and/or SURGICAL TREATMENT

I hereby authorize and direct the veterinarians of Sunset Veterinary Hospital to perform the above procedures on my pet. The nature of the procedure has been explained to me and no guarantee has been made as to the results or cure. I understand there may be risk involved in the procedures.

I agree to pay in full, for services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances.

Phone number where you can may be reached today _____

SIGNED _____