

PET _____ CLIENT _____



PROCEDURE _____

DETAILED HISTORY (if staff member doesn't take it) _____

AUTHORIZATION FOR CHECK-UP or HOSPITALIZATION

Northwest Animal Hospital, 1071 Old Henderson Road, Columbus OH 43220

PHONE: At what numbers can we reach you or a family member during your pet's stay?

Try this number first _____ Ask for _____
Second, try _____ Ask for _____
Then _____ Ask for _____

OTHER SPECIAL CONCERNS OR NEEDS (FEEDING, FOR INSTANCE)

List other concerns we should attend to. A complete (\$49.50) or recheck/medical progress (\$46) fee may be added.

Please do a **Toe Nail Trim** (\$7) _____

MEDICATIONS: List each medication your pet is on and *when you last gave the dose*.

DIAGNOSTICS AND TREATMENTS (check one)

If a doctor or technician discussed the treatment plan and its costs with you:

_____ I have read and authorize the services and their costs on the attached estimate sheet.

If NOT, please authorize one of the following:

_____ Use your professional judgment and do what's best.

_____ Call to discuss further recommendations and costs beyond the physical examination or attached estimate.



Cat Owners: Would you or your cat prefer **LIQUID** or **TABLET** medications if there is a choice?
Please circle

IF SEDATION IS NEEDED --- answer YES or NO

_____ **YES, I authorize sedation** if needed, for an exam, X-rays, diagnostics, treatment or grooming.

Sedation incurs an additional cost of \$50 beyond the attached estimate and without further verbal permission.

_____ **NO, I don't authorize sedation.**

A WORD ABOUT VACCINATIONS

- ❖ If your pet is not current on vaccinations, these **MUST** be updated to stay in the hospital, unless the doctor considers them medically contraindicated.
- ❖ A physical examination is the basis of every vaccination visit, whether for annual boosters or part of a puppy/kitten series. If your pet receives vaccinations, there is an examination charge of \$49.50.

ESTIMATED PICK-UP TIME _____ **AND RELEASE OR PICK-UP DATE** _____

We are open until 6 pm Monday through Friday and until 1 pm on Saturday.

I (your signature) _____ authorize the above procedures and choices. Date _____

(Revised October 28, 2015)