



## HOSPITALIZATION FORM

Client's Name:

Pet's Name:

Phone number we can reach you at today:

If cat, is your pet (circle all that apply):

indoor

outdoor contact with outside cat

Reason your pet is to be examined by the doctor:

Duration of problem:

hours/days/weeks/months

Is the problem (circle one):

better

worse

same

Does your pet have any of the following symptoms? (circle all that apply)

drinking or urinating excessively

vomiting

diarrhea

coughing

sneezing

loss of appetite

depression

lethargy

Has your pet been seen recently by another doctor for this condition?

yes

no

Has your pet eaten today? If yes, when and what?

Has your pet had any medication today? If yes, when and what?

Has there been a change in diet recently or any treats given?

yes

no

Other information or instructions for the doctor:

**DO WE HAVE PERMISSION TO PROCEED WITH TESTS AND/OR TREATMENT BEFORE CALLING YOU? (circle one)**

**NO...** "No" may mean delays in treating your pet if we have trouble reaching each other on the phone.

**YES...** Proceed to treat without calling, but do not exceed \$  without notifying me first.

I give permission to treat my pet as noted in the above form. If anesthesia and/or surgery are required, I authorize it and accept the risks. I also understand that my pet will be examined as soon as time allows between scheduled appointments and surgery, but not at a scheduled time.

Signature:

Date: