

Medical Care Authorization for Hospitalization

Please fill out the following information to make sure we have all the important facts we need in taking excellent care of your pet.

YOUR NAME -

DATE -

PET'S NAME -

SPECIES -

Reason for which you are dropping off your pet for medical treatment:

Duration of the problem:

Is your pet? and if so, how often?

Vomiting?

Diarrhea?

Seizures?

Listlessness?

Eating?

Drinking?

Urinating?

Defecating?

If limping, which leg?

Is your pet on any medication? If so what, how often and when was it last given?

Please list phone numbers where you can be reached and at what times to call you there. If you are unreachable or you do not hear from us within 3 hours please call us.

By filling out this sheet, I (owner) understand that I agree to have my pet examined and treated by Brockport Animal Hospital. We (Brockport Animal Hospital) will only do initial and critical diagnostic testing and treatments and will consult with you (Owner) before doing extensive diagnostic testing or treatments. **The initial urgent exam will be \$75.00, on AVERAGE treatments and diagnostic testing will be approximately \$40.00 - \$400.00.** I understand and agree to all financial costs associated with the treatment of my pet including unforeseen treatments deemed necessary by the veterinarian's professional judgment for the well being of my pet.

I have read, understand and agree to this Medical Care Plan.

Client Signature _____ Date _____

Witness _____

**ALL PET'S ADMITTED TO THE HOSPITAL WILL BE UPDATED ON ANY OVERDUE
VACCINATIONS UNLESS PROOF OF VACCINATION IS SHOWN OR YOUR PET IS NOT
HEALTHY ENOUGH TO BE VACCINATED.**