



Compassionate Care for Pets
5205 13th Street
Lubbock, TX 79416
Phone: 806-793-2863 Fax: 806-792-0801
www.acresnorthvethospital.com

Patient Admission & Consent Form for Hospitalization

Patient's Name: _____

Owner's First & Last Name: _____

Patient's Species: Canine / Feline / Exotic

Procedure Date: _____

Patient's Breed: _____

Attending Veterinarian: Mathre / Berry / Frana

Patient's Color: _____

Procedure to be Performed:

Patient's Age: _____

Patient's Gender: Male / Female / Spayed / Neutered

At what phone number(s) may we reach you in case of emergency? _____

Please list a person and his or her phone number(s) authorized to make decisions on your behalf in case we are unable to reach you at the above phone number(s) in case of emergency: _____

All dogs must be current on the following vaccinations within the last year (unless otherwise specified) prior to being hospitalized at Acres North:

- Distemper Virus _____
- Parainfluenza Virus _____
- Parvo Virus _____
- Leptospirosis _____
- Adenovirus _____
- Bordetella (6 months) _____

- Rabies Virus (1 or 3 year)_____

All cats must be current on the following vaccinations within the last year (unless otherwise specified) prior to being hospitalized at Acres North:

- Panleukopenia Virus (Distemper)_____
- Herpes Virus_____
- Calici Virus_____
- Rabies Virus_____

Vaccinations can take up to 10 days in most dogs and cats to be considered protective, and need to be planned for ahead of time to protect your pet from disease and protect all of our boarding guests. Acres North must have proof of vaccinations administered by a licensed veterinarian prior to admission your pet. Acres North does not accept owner-administered vaccinations. If you do not have proof of current vaccinations administered by a veterinarian as listed above, you agree to have Acres North perform an examination (if needed) and administer the necessary vaccinations at time of admission. There are times when the veterinarian may decide that it is not in the best interest of your pet to have vaccinations updated, depending upon your pet’s unique medical condition.

Upon arrival, your pet will be visually inspected for signs of fleas, ticks, tapeworms, and other external and internal parasites. If any are found by our Technicians, the Veterinarian will be alerted and an appropriate treatment will be administered at your cost.

Has your pet had any food since midnight last night? Yes No

My pet is currently eating the following diet:

Name of Food:_____

How Much?_____

How Often?_____

Has your pet been coughing, wheezing, or breathing hard? Yes No

Has your pet been vomiting or having diarrhea? Yes No

Does your pet have any allergies? Yes No

If yes, please provide more information here:_____

Has your pet ever had an adverse reaction to a medication? Yes No

If yes, please provide more information here:_____

Is your pet taking any medications?

Yes

No

If yes, please list any medications and supplements that your pet is currently taking. Please list the drug name, strength, how many, route of administration, and how often you are giving the medication/supplement as well as the last time the medication was administered:

Example: Diphenhydramine 25 mg 1 tablet by mouth every 12 hours, last given at 1PM today.

1. _____
2. _____
3. _____

If additional space is necessary, please continue on the back and indicate here.

Please note:

- For the safety of your pet, pre-anesthesia blood work to screen for hidden illness is performed for all anesthetized or sedated procedures if one of these procedures is deemed necessary.
 - Benefits of pre-anesthesia include allowing the the veterinarian to assess your pet's risk group for anesthesia, helps identify hidden pre-existing conditions which have to potential to increase your pet's risks of anesthetic complications, and provides a baseline of information to compare to throughout your pet's life.
 - If any of the pre-anesthetic blood work results are abnormal, the veterinarian will discuss any concerning findings with you and may decide to do one of the following:
 - Postpone the anesthesia to a future date;
 - Cancel the anesthesia;
 - Perform additional diagnostic testing to determine a diagnosis;
 - Proceed with anesthesia, but alter the medications and/or procedure(s).
- For the safety of your pet, an IV catheter and peri-operative fluids are administered to support blood pressure and allow access to administer emergency drugs if needed.
- For the safety of your pet, we will closely monitor vital signs and make adjustments as needed, including warming with a heated surgery table, heating pad, and/or warm water blanket, as your pet's condition warrants.
- For the comfort of your pet pain management is given for all potentially painful procedures..
- As a complimentary service to you, we will trim the nails of all patients and express the anal glands of all canine patients while they are under anesthesia or sedation (unless the procedure that you are seeking is a sedated nail trim).

- Microchipping is recommended for all pets as a permanent form of identification that will increase the chances of your pet getting reunited with you if lost. Do you want your pet microchipped? (\$46.14) Yes No

- Laser therapy is very useful in pain management and helping the healing process in many disease processes. The Veterinarians at Acres North Veterinary Hospital may recommend laser therapy to help your pet be more comfortable. Laser therapy is considered an alternative veterinary treatment to complement conventional veterinary medicine. Do you want to help reduce pain with a laser therapy session after today's procedure? (prices vary depending on treatment regimen) Yes No

Authorization

I verify that I am the owner (or authorized agent for the owner) of the above named pet and authorize hospitalization to be performed by Acres North Veterinary Hospital. I authorize treatment as deemed necessary by the veterinarian and understand that hospital personnel will be employed in the procedure as directed by the veterinarian.

No guarantees have been made regarding the outcome or cure. I understand that there is always a risk associated with any hospitalization and have discussed my concerns with the veterinarian. The veterinarian has provided me with an opportunity to ask questions and receive answers regarding the procedure. I understand that it may be necessary to provide medical and/or surgical procedures which are not anticipated for the safety or care of my pet. I hereby consent to and authorize the performance of such altered and/or additional procedures as are necessary in the veterinarian's professional judgment. I accept responsibility for any result in additional charges.

In the event of an unforeseen emergency, we will attempt to reach you without delay. Please know that we will take every precaution to ensure that your pet is safe and healthy enough to undergo their procedure today. Any known risks will be discussed with you. However, very rarely, emergencies do happen and we want to know your preference if no one can be reached. Please indicate your preference by initialing below:

_____ Please **proceed** with extreme life-saving measures. I accept responsibility for all costs incurred.

_____ Please **do not proceed** with extreme life-saving measures. I accept responsibility for all costs incurred and understand that withholding extreme life-saving measures could result in my pet's death.

I understand no staff will be attending to your pet overnight and that there is the option of transferring to the Small Animal Emergency Clinic located at 5103 34th Street, Lubbock, TX 79410. Their phone number is (806) 797 – 6483. I understand that Acres North Veterinary Hospital is in no way affiliated with Small Animal Emergency Clinic and that any transfer to Small Animal Emergency Clinic will incur separate charges that I will be responsible for. I also

understand I will be responsible for any transportation to and from Small Animal Emergency Clinic.

The staff of Acres North Veterinary Hospital love to share pictures of our guests and patients with the community through social media such as Facebook® and Twitter® and our website. Please help us be involved by letting us post cute pictures of your pets. Like us on Facebook® and follow us on Twitter®.

_____ I **give consent** to allow Acres North Veterinary Hospital to post pictures of your pet on associated social media accounts and website. I understand that this is revocable with my written notification.

_____ I **decline** the posting of any pictures of your pet to Acres North Veterinary Hospital's social media accounts and website.

Pick-ups must occur during normal business hours (Monday – Friday 8 AM – 12 PM and 2 PM – 6 PM and Saturday 8 AM – 1 PM) and will be scheduled with you to review necessary aftercare and/or medications associated with the procedure. We ask that you arrive at least 15 minutes prior to your scheduled discharge time to allow for check-in.

If your travel plans change and you are unable to pick your pet up by end of business on the departure date, you must call us at (806) 793-2863 to discuss accommodations. If there is availability in our boarding facility, we may be able to extend your pet's stay, however if there is not any availability, please make sure you can have your emergency contact or other authorized person available to pick up on your behalf.

If Acres North does not hear from you by end of business on the next business day after your scheduled departure date, we will send a letter via certified mail notifying you of the missed departure date. If we have not heard from you by the eleventh day after mailing the letter, your pet will be considered abandoned and we reserve the right to dispose of your pet per Texas Occupations Code, Title 4, Chapter 801, Subchapter H, § 801.357, (a) through (e). You will still remain financially responsible for all additional charges associated with your pet's stay during this time and subject to collections proceedings.

I agree to be responsible for all charges incurred while your pet is in the care of Acres North Veterinary Hospital and understand payment is due at the time your pet is released from the hospital. We accept cash, checks (no post-dated checks), CareCredit®, debit cards, and all major credit cards, including American Express®.

When you take home your pet, please do not let <him> eat or drink excessively the first day home. This is a common mistake and often causes vomiting and/or diarrhea. Wait at least one hour before giving a small portion of food or water. Please call us at (806) 793-2863 with any questions.

Your signature below indicates that you have reviewed this agreement in its entirety and that you agree with the terms for admission. I affirm that I am at least 18 years of age and above the legal age of majority in the state of Texas. If you have any questions about this agreement, please ask a Technician or a Veterinarian.

Printed Name: _____

Signature: _____

Date: _____

Admit Employee: _____