

DAY ADMIT INFORMATION SHEET

Owner Name: _____ Pet Name: _____ Owner Phone#: 1 (_____) _____ - _____

REASON FOR VISIT:

DURATION (days, weeks, months, years):

MANAGEMENT: Indoor ____% Outdoor ____% Direct Contact with other animals/other pets in household

What does your pet eat? *(What brand? Is it grain free? Any human food? Prescription diet? What protein?)*

ALL current medications & supplements, when were they last given? _____

Weight (over the past 6 months): No Change Increased Decreased

Activity: Normal Increased Decreased Urination: Normal Increased Decreased

Water Intake: Normal Increased Decreased Appetite: Normal Increased Decreased

Vomiting: No Yes Diarrhea: No Yes Coughing & Sneezing: No Yes

My pet(s) last meal was given at: _____ am/pm

____ I Authorize and Request an examination for my pet. I understand that the doctor on duty or a team member will contact me after my pet has been examined. I understand my EXAM fee is \$ 115. I WILL BE AVAILABLE AT THE PHONE NUMBER LISTED ABOVE.

____ I understand that my pet will be given a CAPSTAR flea pill if any fleas are observed on my pet during their stay in the hospital. I understand this will cost \$8.50 and I will be financially responsible for it.

____ I understand that my pet will be examined by the doctor when time allows. I understand that this means my pet may not be seen until after hours.

____ I understand that payment is due when my pet is discharged and accept financial responsibility for charges incurred for my pet.

____ I understand that if I do not pick up my pet within ONE hour after I have been notified my pet is ready for discharge there will be an additional \$30 late pick up fee unless prior arrangements with SBVC have been made.

____ I understand that if I fail to pick up my pet by 8pm that my pet will need to stay for overnight boarding at an additional fee of \$40. I understand that this means I will need to pick up my pet the next business day and that there will be no overnight staff to supervise my pet.

If the hospital staff calls and cannot reach me by phone I authorize (CHOOSE ONE) :

Initial diagnostics, including bloodwork and radiographs, if indicated for my pet, up to \$750.

DO NOT perform any procedure without contacting and giving an estimate. I understand that this includes pain management, diagnostic procedures, and supportive care.

Client Signature: _____

Date: _____

Non emergency texting for South Bay Veterinary Care: 1-424-321-8327