



Shepherd Animal Hospital

DROP OFF/HOSPITALIZATION ADMISSION FORM

Date: _____

Owner's Name: _____ Pet's Name: _____

Phone Number: _____

Emergency Contact: _____ Emergency Phone Number: _____

What is the reason for your pet to be seen today?

Please list below ALL current medications, allergies, medical conditions, food sensitivities, etc. your pet has:

I understand my pet will be examined by a Veterinarian on staff and any diagnostics or treatments will be based on this exam, unless arrangement and/or agreement as to a specific test or treatment was made for my pet prior to today's date. I authorize and agree to pay for said examination and any other charges that incur as a result of my pet's stay. I understand I am responsible for all charges incurred during my pet's admission.

Please initial one of the following options below regarding your pet's treatment:

- I wish to be contacted at _____ prior to any diagnostics or treatments, after the initial physical examination is performed by the veterinarian today. I understand that if I cannot be reached at the above contact number, nothing beyond a physical examination will be done on my pet today.

Owner Initials: _____

- I authorize up to \$_____ for my pet's care today. It is NOT necessary to contact me prior to performing diagnostics or treatments as deemed necessary by the attending Veterinarian.

Owner Initials: _____

Optional Services: Please select any of the below you wish to be performed on your pet during their stay with us.

Nail Trim _____ Anal Gland Expression _____ Ear Cleansing _____ Microchip Registration/Placement _____

Additional services requested: _____

All pets must be up to date on core vaccines and be free of external parasites. If fleas or evidence of fleas are found on your pet today, an appropriate treatment will be administered at the owner's expense. We will be happy to administer any core vaccination if needed.

Hospitalized Pets are given an estimate prior to admission and a deposit is required to be paid at the time of admission into our hospital, with the remaining balance due at discharge. Clients are normally contacted daily with an update of your pet's condition and expected discharge date. Please feel free to call us at any time for an update on your pet. Visitation is allowed for hospitalized pets, during the hours of 12pm-2pm. Under no circumstances is visitation of a pet hospitalized in isolation with a contagious disease allowed. Any pet not picked up within 10 days after expected release date is considered abandoned and will be handled in accordance with Georgia State Law. I further understand that such action does not relieve me of my financial obligation to Shepherd Animal Hospital.

If your pet is found to be aggressive or dangerous to the staff or other animals and handling becomes difficult, our drop off, hospitalization or boarding services may be denied for safety reasons. All reasonable precautions will be used to prevent injury or escape of your pet. Shepherd Animal Hospital is not responsible for the actions of the pet that may cause injury or escape.

All pets must be picked up by 6:00 pm unless hospitalized.

Authorization to Treatment

I authorize the staff of Shepherd Animal Hospital (SAH) to provide treatment to the above listed pet. I agree and hold the staff of SAH not responsible for any injuries that may result to my pet from accidental damages caused by my pet. I authorize emergency procedures to be attempted on my pet during their stay if an emergent/critical situation arises, and I agree to pay for such services regardless of outcome. I understand the payment policy and agree to provide payment in full for any and all services rendered for my pet at discharge.

Owner Signature

Owner Printed Name

Date