

Oaklawn Animal Hospital



Cranston Animal Hospital Hospital Admission Consent

Client _____ Patient _____ Date _____

Dog Cat Age: _____ Sex: Female Spayed Male Neutered

- 1) What is the problem that we are seeing your pet for today?

- 2) How long has your pet been experiencing this problem?

- 3) What symptoms has your pet been experiencing?

- 4) When did your pet last eat?

- 5) Is your pet on any medications? _____ if so, please list and what medications has your pet had today

- 6) Is your pet current on all vaccinations at this time? Yes _____ No _____, if no, would you like us to update them today, if possible? Yes _____ No _____
- 7) If your pet is not up to date on vaccinations, when and where was your pet was last vaccinated?

To determine a diagnosis and begin treatment of an ill animal, certain laboratory testing or radiographs may be required. The doctor will call you to discuss these procedures and cost. In the event of a life threatening condition, we will make every attempt to stabilize your pet and notify you as soon as possible.

Yes I authorize Oaklawn Animal Hospital to do laboratory testing on my pet

- Bloodwork: \$145.92
- Urinalysis: \$60.46
- Bloodwork and urinalysis: \$185.32
- Fecal: \$52.78

No I do not wish to have any laboratory testing done on my pet at this time.



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- Yes** I authorize Oaklawn Animal Hospital to take any radiographs on my pet.
- 1 x-ray w/ specialist interpretation: \$109.75
 - 2 x-rays w/ specialist interpretation: \$208
 - 3 x-rays w/ specialist interpretation: \$265.75
 - Additional views w/ specialist interpretation: \$57.75 for each additional view

No I do not wish to have any radiographs taken on my pet at this time.

Your pet will be checked for fleas while here. For the protection of all pets in hospital **if your pet has fleas he/she will be treated with Capstar.** Capstar is a fast acting flea treatment that will not interfere with any other flea treatment you may be using. There will be **an additional charge of \$8** if your pet is treated.

I, the undersigned owner or agent of the pet named above, certify that I am 18 years of age or older and authorize the veterinarians of Oaklawn Animal Hospital to treat or perform needed procedures on my animal. You are to use all reasonable precautions against pain, injury, or escape of my animal. You will not be held liable or responsible in any manner for unforeseen incidents or accidents caused by the care, treatment, or safekeeping of my pet, as it is thoroughly understood that I assume all risks.

I also understand that Oaklawn Animal Hospital is not staffed 24 hours a day and after hour treatments of patients is at the discretion of the veterinarian.

Financial responsibilities for services are rendered at the time of discharge.

**** Please list the phone number(s) that will allow us to contact you while your pet is being treated****

Name _____ Phone number _____

Name _____ Phone number _____

Signature: _____ Date: _____