

**PRESIDIO WAY VETERINARY HOSPITAL**

Hospitalization Consent Form

**PLEASE READ AND FILL OUT COMPLETELY**

**Owner's Name:**

**Patient Name:**

**Co-Owner's Name:**

**Dog Walker/Caretaker Name:**

*Primary Phone Number*

*Alternative Phone Number*

*Alternative Phone Number*

My pet is being hospitalized today for:

**In addition, I would like the following to be completed during my pet's stay:**

- Microchip  
  Nail Trim  
  Anal Glands  
  Fecal Test  
  ~~Tests~~ **N/A**  
  Medical Exam *(For Boarding)*

**Your pet is being admitted today the procedure(s) listed above. We will perform a full examination on your pet before administering any anesthetic. For the safety of your pet, we *require* all patients to undergo general wellness laboratory tests prior to administering anesthetic.**

***SURGICAL ANESTHETIC RELEASE***

Is your pet currently taking medications?      If YES (Please list below)      **NO**

<b><i>Medication</i></b>	<b><i>Last dose given</i></b>	<b><i>Next dose due</i></b>	<b><i>Refill Needed</i></b>

***Is your pet allergic to any medications?***      ***If YES (Please list below)***      ***NO***

<b><i>1.</i></b>	<b><i>2.</i></b>	<b><i>3.</i></b>
Has your pet been fasted?	YES   NO	Time meal was given:
Has your pet been vomiting?	NO   YES	How often?      Last time?
Have you noticed any weight gain/loss?	NO   YES	Explain:
Has your pet been coughing or sneezing?	NO   YES	How often?      Last time?
Has your pet had normal bowels/urination?	YES   NO	Explain:
Has your pet had any other symptoms?	NO   YES	Explain:
To the best of my knowledge my pet is healthy.	YES   NO	Explain:

***DENTAL***

***Initial One***

If medically advised for the health of my pet, I consent to any extractions determined necessary.

I authorize cleaning and dental sealant ONLY.

If extraction is necessary please wait for consent. If I cannot be reached I would prefer my pet re-anesthetized at a later date.

DO NOT extract any teeth, even if medically indicated.

***CONSENT***

***Initial ALL***

I authorize testing such as X-Ray's and Blood tests determined necessary by the veterinarian.

If I cannot be reached at the numbers listed above, I authorize the veterinarian to make medically appropriate decisions without my consent. I agree I will be responsible for additional fees accrued.

I understand the risk associated with anesthetic and surgery.

**Signature**

**Date**

**PLEASE NOTE: 50% OF ESTIMATE IS DUE AT TIME OF DROP OFF  
EMAIL FORM TO PRESIDIOWAY@GMAIL.COM**