

BRETON VETERINARY HOSPITAL

Hospital Admission Agreement

Owner _____ Pet _____ Date _____

_____ will be staying with us today for the following procedures:

I understand unforeseen conditions may be revealed during physical exam; additional treatment, diagnostics or medications may become necessary. In the event this occurs I can be contacted at the following numbers:

_____	_____	_____
Home	Cell	Work

In the event we are unable to contact you in a timely manner we would like permission to perform any necessary procedures, which may include resuscitating my pet _____, or *Do not Resuscitate (DNR)* _____.

Initials Initials

Additional Services:

Home Again Microchip Nail trim Ear cleaning
Bath Anal gland expression Senior/adult profile

Patient Status:

We will contact you with a report on your pet's condition as soon as the physical exam, treatments and/or diagnostics are complete. Due to morning evaluations, diagnostics, treatments, and surgeries the doctor will not be able to speak with you at the time of admission. You are welcome to call during the day to check on your pet. If you need to speak with a doctor, we will be happy to take a message and have them return your call at their earliest availability.

This hospital has no provisions for credit; all fees must be paid in full at time of discharge. A deposit may be required for hospitalizations and/or new clients.

I have read and understand the hospital policies as stated above.

Signature of Owner/Responsible Agent

Date