



Hospital Admission Form

OWNER _____ PET'S NAME _____

CONTACT # for day of treatment: _____ () Business () Residence () Cell

TREATMENTS TO BE PERFORMED

- () Canine annual exam and vaccination (RV, DA2PP(L), Bordetella, fecal analysis, heartworm check)
- () Canine DA2PP (canine distemper, hepatitis, parainfluenza, parvovirus) () Lepto
- () Canine Bordetella (K9 cough vaccination) – required at boarding facilities and dog obedience classes
- () Feline annual exam and vaccinations
- () RV (rabies vaccination)
- () Pinellas County license
- () Pasco County license
- () Heartworm check
- () Fecal analysis for parasites
- () Nail trim
- () Express anal glands
- () Other: _____

Is your pet currently on heartworm prevention? YES ___ NO ___ If yes, what type? _____

If yes, do you need a refill? YES ___ NO ___

Is your pet currently on flea prevention? YES ___ NO ___ If yes, what type? _____

If yes, do you need a refill? YES ___ NO ___

Comments: _____

Pre-existing medical conditions: _____

Allergies: _____

Pets with fleas will be treated appropriately at the owner's expense to protect the other animals in the hospital.

RELEASE STATEMENT:

I hereby authorize the doctors and staff of Ridgemoor Animal Hospital to care for and treat my pet. In such case where anesthesia or tranquilization is deemed necessary, I consent to the use of such agents under the direction of a doctor. Ridgemoor Animal Hospital is to use all reasonable precaution against injury, escape, or death of my pet. The Practice and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I assume full responsibility for the treatment expense involved. I agree to pay fees for all services rendered at the time my pet is discharged from the Practice or the service is otherwise terminated. I agree to pay for the reasonable costs of collection, attorneys fees and court costs in the event that collection efforts become necessary. If I neglect to pick up my pet within 7 days of the date below and do not notify the Practice within that time frame, the Practice may assume that the pet is abandoned and is hereby authorized to dispose of the pet as deemed best and/or necessary.

SIGNATURE: _____ DATE: _____