



Date: \_\_\_\_\_ Acct #: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

## DAY ADMIT/TREATMENT CONSENT

I hereby give Young's Animal Hospital permission to perform the treatment(s)/procedure(s) listed below on my pet. I have been advised to the nature of the procedure(s) and the risks involved. I understand that results cannot be guaranteed. I also understand that during the course of the procedure(s), unforeseen conditions may arise that may necessitate the performance of additional treatment. I understand that hospital support personnel will be used as deemed necessary by the Veterinarian.

Procedure/Treatment: \_\_\_\_\_

- I will receive a phone call after my pet has been examined to determine further diagnostics and treatments: \_\_\_\_\_ (Initials).
- Your pet must be free of internal and external parasites, including fleas and ticks. If not, we will treat your pet with the appropriate product/medication **at your expense.** \_\_\_\_\_ (Initials)
- *I hereby give consent and authorize the use of sedation for my pet. I understand that there are possible reactions, allergies, and other sensitivities that may result in complications, including death of the patient. These reactions are uncommon, but still occur in a small percentage of patients.* \_\_\_\_\_ (Initials)

*I assume responsibility for all charges incurred from the care of my pet(s). All sales are final. I understand these charges MUST be paid at the time services are rendered. We accept Cash, Check, MasterCard, Visa, Discover, American Express, and Care Credit. If your account becomes delinquent for any reason, you will be subject to a collection agency and/or fees of up to 40% of the outstanding balance.*

Signature: \_\_\_\_\_

Phone number where you can be reached today \_\_\_\_\_

Alternate Phone number where you can be reached: \_\_\_\_\_

Acct #: \_\_\_\_\_

Date: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Client Name: \_\_\_\_\_

**Reason for today's visit:** \_\_\_\_\_

- **Has your pet ever become sick after a vaccination?**

Which one(s): \_\_\_\_\_

- **For Cats Only** - Is your cat:      Inside      Outside      Both

**Food and Treats**

Name, type, quantity and frequency: \_\_\_\_\_

**Prevention Products**

Heartworm, flea & tick: \_\_\_\_\_

**Medications and Supplements** (Prescription and Over the Counter)

Name, strength and dose: \_\_\_\_\_

**Chronic medical issues:** \_\_\_\_\_

**Eating?**

If no, when did pet last eat:

**Vomiting?**

If yes, what and how often: \_\_\_\_\_

**Diarrhea?**

If yes, consistency, duration and frequency: \_\_\_\_\_

**Scratching/Itching?**

If yes, location, frequency and duration of problem: \_\_\_\_\_

For YAH use only      Checked in by: \_\_\_\_\_

Currently on PKG:      STD      DLX      Purchasing Today:      STD      DLX