

**Mountain View Veterinary Hospital**

**Hospital Admission**

Owner/Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Animal's Name \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_

Reason for Admission \_\_\_\_\_

Current on Vaccinations (\_\_\_\_) Yes (\_\_\_\_) No, Please Update

If not current on vaccinations, we require that your pet be updated for his/her own protection. If your pet has evidence of fleas, we will need to discuss treatment.

**DOGS**

**CATS**

\_\_\_ Canine Distemper/Parvo Vaccination

\_\_\_ Feline Distemper Vaccination

\_\_\_ Kennel Cough Vaccination

\_\_\_ Feline Leukemia Vaccination

\_\_\_ Rabies Vaccination

\_\_\_ Rabies Vaccination

\_\_\_ Lyme Vaccination

Please indicate if you would like any of the following services performed while your pet is with us:

\_\_\_ Express Anal Glands

\_\_\_ Nail Trim

\_\_\_ Heartworm Test

\_\_\_ Full Physical Exam

\_\_\_ Permanent ID (microchip)

\_\_\_ Fecal Exam

\_\_\_ Feline Leukemia Test

\_\_\_ Complete Dental Exam/Cleaning

\_\_\_ Flea Control

\_\_\_ Heartworm Control

\_\_\_ Medication Refill: \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_

\_\_\_ I wish Mountain View Veterinary Hospital to do any necessary treatment they deem necessary up to \$\_\_\_\_\_.

\_\_\_ I wish to be contacted first and if I am unable to be contacted I authorize Mountain View Veterinary Hospital to do any treatment they deem necessary up to \$\_\_\_\_\_.

\_\_\_ I wish to be contacted and if I am unable to be contacted I do not authorize Mountain View Veterinary Hospital to do any treatment that exceeds \$150.00 total.

\_\_\_ In the unlikely event that my pet has a cardiac arrest or other life threatening medical occurrence, I DECLINE cardio-pulmonary resuscitation

(DNR) \_\_\_\_\_

Signature

If your pet is staying with us, what date will your pet be going home \_\_\_\_\_

Mountain View Veterinary Hospital is to use all precaution against injury, escape or death of my pet. Mountain View Veterinary Hospital will not be held liable or responsible in any manner whatsoever, or under any circumstances in connection therewith.

**I have read the foregoing and agree:**

\_\_\_\_\_

\_\_\_\_\_

Owner/Agent's Signature

Date

**Payment is due in full when services are rendered.**