

Admit Release Form

Owner Name: _____ Address: _____	Patient: _____ Sex: Male or Female ----- Spayed or Neutered Breed & Color: _____
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Your pet is being admitted for _____
 I understand the risks and complications of these procedures, which have been explained to me by the Veterinarian.

- **What time did he/she eat last?** _____
- Have they had any medication recently? Yes / No
 Please list medications including over the counter, supplements, omegas/fish oils etc. _____
- Is your pet allergic to any medicines/ vaccines? Yes / No

I authorize to give my pet an emergency medicine at my cost (\$25-\$50) for an unforeseen emergency situation. **Initial** _____

If anesthesia / sedation is required, I understand that there are risks involved and that in the event of an emergency, GHAHC will take all necessary actions to control the problem and will notify me as soon as possible. I understand and agree to the use of human medicine in my animal when deemed appropriate by the Veterinarian. Resuscitate: Yes / No

Great Hearts Animal Hospital offers HomeAgain Microchipping. This is a small microchip the size of a grain of rice that is inserted through a needle under your pet's skin. Should your pet be lost or stolen, your pet can be identified nationwide through his/her unique microchip number. We recommend microchipping while your pet is under anesthesia so they will not experience the discomfort of the procedure.

- I would like my pet microchipped while under anesthesia for an additional charge. Yes / No

While your pet is under anesthesia, we offer half off our nail trimming service. This is also an opportune time to express the anal glands.

- I would like nails trimmed while under anesthesia for an additional charge. Yes / No
- I would like anal glands expressed while under anesthesia for an additional charge. Yes / No

The estimated cost of these procedures is _____

I fully understand that this is an estimate only. Great Hearts Animal Hospital of Chandler makes every effort to remain within the estimate given.

I agree to meet the full costs of all treatment at the time of discharge.

Signed _____
Print _____ (OWNER/AGENT) Date: _____

Please reach the contacts by the following phone numbers listed
Contact 1st: (Contact name):
Contact 2nd: (Contact name):
Contact 3rd: (Contact name):

Please write any additional comments or questions for Dr Lim: _____
