

**St. Louis Veterinary Center  
HOSPITAL/MEDICAL TREATMENT ADMITTANCE**

**PET OWNER:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Phone:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Preferred Method(s) of Contact:  Cell

E-mail: \_\_\_\_\_  Home  Work  E-mail

Would you like to receive reminders regarding appointments, yearly Wellness Exams, vaccinations and preventative care?

No, thank you.  Yes, please remind me via  Text OR  E-mail

**PATIENT(S):**

Pet's Name	Cat/Dog	Sex	Age	Breed	Color
1					
2					

When was the last time your pet(s) has eaten? \_\_\_\_\_

Please give a brief description of the concern/problem your pet is experiencing today: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Is your pet currently receiving any medication or have a history of any medical issues of which you are aware? \_\_\_\_\_

Items provided by owner (blankets, clothes, dishes, carriers, etc.): \_\_\_\_\_

Any behavioral notes or issues: \_\_\_\_\_

**ELECTIVE PROCEDURES**

Please select below any additional procedures to be completed at the time of hospitalization/treatment:

Examination	\$42.00	Fecal Test	\$21.50
Canine Heartworm Test	\$40.00	Anal Gland Expression	\$18.00
Feline FIV/Leuk/HTW Test	\$45.00	Ear Clean	\$12.50-\$20.50
Microchip	\$40.00	Nail Trim	\$7.50-15.50
Other:			

In order to control the spread of fleas and diseases they may carry, **every pet seen with live fleas will be given a \$8 (per pet) flea pill at the pet owners expense.** This is for the protection of all of our patients, clients and staff.

I understand and accept this mandatory treatment in the event that fleas are found on my pet(s)

Initial \_\_\_\_\_

**VACCINATIONS**

Is your pet current on vaccinations?  Yes  No If no, are you interested in updating today?  Yes  No

**\*Vaccines will only be administered if deemed medically appropriate by your pet's veterinarian.\***

**Vaccination Declination:** "I understand that state law requires rabies vaccination for all pets. I also understand this clinic recommends Distemper/Parvo vaccination for dogs and/or Feline Distemper vaccine for cats be current. I decline vaccinations at this time. If my animal(s) bites another animal or person while at this veterinary clinic, I am prepared to show proof of current rabies

vaccination. I understand that if I am unable to provide proof, my animal(s) may have to be quarantined for 10 days with incident and be reported to my local animal control facility.”

Initial

**BLOOD SCREENING:**

Do we have permission to proceed with blood work in the event it is required to properly treat/diagnose your pet?  Yes  No

**Blood work can range from \$46 to \$130 depending on the needs for each patient.**

For surgeries or dental procedures, blood work could be mandatory in order to safely proceed with your pet undergoing anesthesia. Blood work would also be **strongly recommended** for pets who present with an illness or have not had blood work in the past.

Comprehensive Blood Profile, plus Thyroid Panel (T4)	<b>\$130.00</b>
Pre-anesthetic Profile (small panel)	<b>\$46.00</b>

Comprehensive Blood Profile	<b>\$95.00</b>

I understand and **accept** these indicated possible blood screening panels and the associated fees.

Initial

I am **DECLINING** any blood work to be done for my pet and understand the health risks that could face my pet, including sickness, worsening of an illness/condition or possible death.

Initial

In order to offer the best care for your pet, we will attempt to provide, to the best of our ability, either a written or verbal (*via phone call*) estimate of fees for your pet’s treatment plan prior to performing any testing or treatment. However, in the event that we are unable to contact you, do you have a budget that you can pre-authorize so we can proceed with the doctor’s recommendations for your pet(s):

Do not proceed with any treatments/procedures exceeding the total bill of \$\_\_\_\_\_

Do not proceed with anything not specified beforehand without contacting for verbal consent by phone.

**I understand and accept the indicated plan and accept the financial responsibilities incurred**

Initial

I understand that I assume all responsibility for additional risks/complications resulting from refusal of this service. St. Louis Veterinary Center is to use all reasonable precaution against injury, escape, or death of my pet. I hereby authorize the veterinarian(s) of the St. Louis Veterinary Center and such persons as they may designate as their aides and assistants, to administer to my pet(s) such diagnostic and/or therapeutic treatment as they deem necessary for the care of said pet(s). I further consent to the administration of such anesthetics as are necessary and surgical procedures designated or of an emergency nature. I also certify that no guarantee or assurance had been made as to results that may be obtained, including the possible death of my pet(s). Further, I assume total financial responsibility for all charges incurred to the pet(s), consent to the release of medical information, and authorize direct payment to St. Louis Veterinary Center. All veterinary and emergency fees and boarding fees are due and payable at time of the release of my pet(s). I understand that my pet must be removed from the facility in a timely manner after notification by a St. Louis Veterinary Center staff member or an associate of the clinic. If I fail to remove said animal by that time, I will be responsible for any additional charges by the St. Louis Veterinary Center or its related clinics/boarding facilities in the disposition of the animal(s) in accordance with clinic/boarding facility policy or state law. I hereby certify that I have read and fully understand the above authorization.

*Accepted forms of payment include: Visa, MasterCard, Discover, Cash or Money Order.*

**\*\* We do not accept checks\*\***

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