

Mountain View Veterinary Services
20 Park Place Suite 1, Shippensburg, PA 17257

Hospital Admittance Form

I, undersigned owner/agent of the below named and admitted patient, hereby authorize the attending Veterinarian(s), her/his designated associates, assistants and staff to perform diagnostic procedures as they determine necessary for the care of my pet, including but not limited to blood tests, X-rays or other procedures as needed. Further, I authorize the attending Veterinarian(s), her/his designated associates, assistants and staff to administer such treatment as deemed therapeutically necessary. I also authorize the use of anesthetic agents if needed. Should an anesthetic be necessary, I authorize the placement of an intravenous catheter (if needed) to minimize the risk of anesthesia. I grant you my consent to receive, prescribe for, treat and/or operate upon my pet. You are to use all reasonable precautions against injury, escape or death of my pet, but you will not be held liable or responsible in any manner in connection there with as it is thoroughly understood that I assume all risks.

I understand that the attending Veterinarian will make a reasonable attempt to contact me prior to above-mentioned therapeutic procedures being performed. However, failure to complete said connections shall in no way reverse this authorization for treatment. I understand that no guarantee of successful treatment is made, and hereby verify that I have read and fully understand this authorization. Further, I assume financial responsibility for all charges, and agree to pay all charges at the time of the release of my pet from hospital care.

Since we are a multi-vet practice, I understand my pet may be seen by more than one veterinarian. Visitation may be available during my pet's stay and I understand that due to the nature of the hospital setting emergency conditions may alter the length of time or time(s) of day available. It is necessary that I call and confirm visitation before my arrival. Visitation is not allowed for any patient in isolation. I am welcome to call the hospital and speak to a technician during business hours regarding my pet and understand that any diagnoses can only be made by a doctor. A doctor or technician will make every attempt to update me at least once daily during my pet's stay.

In the unfortunate event that my pet becomes critical, I request the doctor and medical staff to:

RESUSCITATE: Perform any resuscitation effort that the doctor deems necessary and is within the realms of our clinic's capability to aide my pet, including emergency surgery.

OR

DO NOT RESUSCITATE: Aide humanely, and keep comfortable with pain relievers and allow to pass naturally.
PATIENT: _____

REASON ADMITTED: _____

I understand there are doctor(s) or staff member(s) in the building during business hours that are assigned to my pet's care. After hours monitoring via remote surveillance is utilized by our on call staff. 24 hour monitoring is available at an emergency clinic in Hagerstown, Maryland. If your pet needs close monitoring, our veterinarian may recommend your pet be transferred there overnight. It may be necessary for our doctors to contact you concerning your pet's status at any time during their hospitalization with us. Please provide any phone numbers that we may need during your pet's stay.

Primary Phone: _____ Secondary Phone: _____

Please keep me updated on my pet via: Phone Call Text Message (Carrier): _____

Email: _____

Time last ate: _____/Drank: _____

Last medications given: _____

I understand that throughout my pet's hospital stay additional costs may be incurred and that all fees are due when services and medications are rendered and will be paid in full at the time of my pet's discharge from the hospital.

I HAVE READ AND UNDERSTAND THIS AUTHORIZATION AND CONSENT

Owner's Name (Print)

Owner's Name (Signature)

Elective Surgical Consent

Client Name: _____ Patient Name _____ Date: _____

Procedure: _____

Pre-Surgical Exam- All of our surgical patients will receive a full physical examination. Although many advances have been made anesthesia does still carry some risks. During the procedure your pet’s blood oxygen level, blood pressure, heart rate and rhythm, respirations and temperature will be monitored. An IV catheter will be placed and IV fluids will be administered to your pet today. This IV catheter will provide fluids to maintain blood pressure. In the event of an emergency this will allow rapid administration of life saving drugs. A shaved area on one or both front paws will be visible at discharge. The anesthetic drugs we use are primarily eliminated by the kidney and liver. We recommend pre-surgical blood screening to help identify pre-existing conditions that could lead to complications with anesthesia or healing.

Prep Profile/CBC: Evaluates basic kidney and liver function as well as red and white blood cell levels and platelet count. (\$65)

I **decline** pre-surgical blood screening today

Pain Management: We want our patients to be as comfortable as possible during and after surgery. We will provide pain reliever as needed specific to the procedure being performed. Laser therapy is available as a non-invasive method to promote healing and reduce pain after surgery (\$15)

EXCLUDES: Cat Neuters; Eye Procedures; Tumor/Growth Removals

I want my pet to have laser therapy

I **DO NOT** want my pet to have laser therapy

Microchipping: We offer microchipping as a form of permanent identification. This is also recognized as a lifetime license for dogs in PA

Microchip (\$31.99)

Microchip with Lifetime License (Dogs only) (\$39.92)

Decline

Vaccines: Our clinic policy requires patients to be up to date on Rabies vaccination before we can perform surgery. If the Rabies vaccine is not current the patient will be vaccinated the day of surgery and you will be charged accordingly. Additionally we recommend your pet be up to date on the Distemper vaccine

My pet is current My Pet needs: Rabies: _____ DAP (Dogs): _____ FVRCP(Cats): _____

Optional Vaccines:

Canine: Lyme: _____

Leptospirosis: _____

Bordatella: _____

Feline: Leukemia: _____

Additional Testing:

Canine: Heartworm/Lyme/Ehrlichia/Anaplasma

Yes No (Recommend Annually)

Feline: Feline Leukemia/Immunodeficiency Virus/Heartworm

Yes No

Oral Care option for patients 1 year or younger: Fluoride Treatment

Yes No

I have read and understand the above services or tests that I have selected or declined. **I understand that I may have chosen items that will accrue additional charges above and beyond any estimates I was previously given.** I have had the opportunity to ask questions about the above options including any additional costs related to my choices.

Signature of Owner/Agent

Date