

Date: \_\_\_\_\_ **Oakton-Vienna Veterinary Hospital Admission Form**

Admitting Assistant: \_\_\_\_\_ Doctor: \_\_\_\_\_ Client's Name: \_\_\_\_\_ Pet's Name \_\_\_\_\_  
Reason for Admission: \_\_\_\_\_

If patient is here for lump or mass removal, please describe the mass or lump size and location on body:

Any new problems or concerns you would like the doctor to address today? \_\_\_\_\_

- I understand that a current distemper and rabies vaccination is required for admission.
- If anesthesia is needed, I acknowledge that the staff at OVVH has discussed with me pre-anesthetic diagnostics for my pet.

I authorize the pre-anesthetic testing recommended by the doctor. **Yes**  **No**  **Already Done**

**PLEASE SELECT ANY ADDITIONAL SERVICES YOU WOULD LIKE US TO PROVIDE WHILE YOUR PET IS HERE TODAY:** (Additional charges do apply.)

- Nail Trim
- Clip Mats: Specify \_\_\_\_\_
- Ear Pluck (\$10 off with anesthesia)
- Express Anal Sacs (\$10 off with anesthesia)
- Soft Paws: Specify \_\_\_\_\_
- Other: \_\_\_\_\_

- **OVVH recommends microchipping as a safe form of permanent identification for your pet. Would you like this done while your pet is here today? (Charge is \$69.00 and includes registration fees)**  
**Yes**  **No**  **Already Microchipped**
- **Pain medication will be administered to your pet at the doctor's discretion. (Charge is \$43.50)**  
**I accept**  **decline**  **pain medication as recommended by the doctor. (Required for declaws)**
- **For the safety of your pet, an intravenous catheter and IV fluids are recommended. (Charge is \$89.50)**  
**I accept**  **decline**  **an IV catheter as recommended by the doctor.**
- **Has your pet had anything to eat since 10 PM last night? NO**  **YES**  (specify: \_\_\_\_\_)
- **If medication needs to be administered at home, and the medication is available in either liquid or tablet, which would you prefer? LIQUID**  **TABLET**  **EITHER**

**AUTHORIZATION FOR MEDICAL/SURGICAL TREATMENT**

I hereby authorize the doctors of Oakton-Vienna Veterinary Hospital and their assistants to administer such treatments and perform such procedures as are considered therapeutically and/or diagnostically necessary for the care of my pet, including the administration of anesthesia. In the event emergency care is needed, I authorize the staff at Oakton-Vienna Animal Hospital to perform such medical and surgical treatment as is necessary to protect the health or life of my pet until I can be contacted for further authorization. I hereby release Drs. Blevins, Christmus, Jones, Heinz, Megremis and their staff from all claims, legal or equitable, arising out of or connected with the performance of their treatment, and I affirm that no guarantee or assurance has been made as to the results that may be obtained. The risks of anesthesia have been explained to me and I understand and accept these risks. I accept financial responsibility for treatment of the above named pet and understand that payment in full is due upon release of this patient from the hospital.

Date: \_\_\_\_\_ **Owner of Pet or Authorized Agent:** \_\_\_\_\_

**IT IS IMPERATIVE THAT WE BE ABLE TO REACH YOU QUICKLY WHILE YOUR PET IS IN THE HOSPITAL. PLEASE LIST, IN ORDER OF BEST CONTACT, WHERE WE CAN CONTACT YOU TODAY:**

- \_\_\_\_\_ CELL  HOME  WORK
- \_\_\_\_\_ CELL  HOME  WORK
- \_\_\_\_\_ CELL  HOME  WORK