



Drop Off/ Hospitalization form

Patient's Name: _____ Owner Name: _____

Reason for Visit:

List concerns:

Vaccines:

- | | | | |
|---------------------------------|--------------------------------------|---|--------------------------------|
| <input type="checkbox"/> Rabies | <input type="checkbox"/> Lepto | <input type="checkbox"/> Canine Influenza | <input type="checkbox"/> FVRCP |
| <input type="checkbox"/> DHPPV | <input type="checkbox"/> Lyme | <input type="checkbox"/> Bordetella | <input type="checkbox"/> FELV |
| <input type="checkbox"/> DHLPPV | <input type="checkbox"/> Rattlesnake | <input type="checkbox"/> Proheart | |

Diagnostics:

- | | | | |
|---|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Heartworm Test | <input type="checkbox"/> Urinalysis | <input type="checkbox"/> Fecal | <input type="checkbox"/> FELV/FIV combo test |
| <input type="checkbox"/> Bloodwork | <input type="checkbox"/> X-Ray | <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Laser |

Sedation/Anesthesia

In the event that your pet requires sedation/anesthesia or any treatments we will contact you before administering anything. We will not proceed without your consent. Please note: if your pet can not be handled without sedation, we will be unable to complete the physical exam without authorization to sedate. Sedation is only used when necessary for the safety and well-being of your pet and staff

Additional procedures

- | | | | |
|------------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> Bath | <input type="checkbox"/> Ear Cleaning | <input type="checkbox"/> HomeAgain Microchip | |
| <input type="checkbox"/> Nail Trim | <input type="checkbox"/> Nail Dremmel | <input type="checkbox"/> Anal Gland Expression | <input type="checkbox"/> Sanitary Clip |

I hereby authorize Southside Hospital for Animals to perform the examination and treatments listed above. In the event of an emergency, I authorize the doctors and staff to perform any lifesaving procedures deemed necessary by signing below you consent to the treatment of your pet(s) and will not hold Southside Hospital liable for complications. Payment is also due at the time of services.

Signature: _____

Phone number: _____

- Treat as needed/ no estimate Estimate prior to treatment Treat up to \$ _____

Would you like to be called or texted ?