



## DROP OFF/HOSPITALIZATION ADMISSION FORM

Date: \_\_\_\_\_ Species: \_\_\_\_\_ Sex: \_\_\_\_ Altered: \_\_\_\_  
Owner: \_\_\_\_\_ Breed: \_\_\_\_\_ Age \_\_\_\_\_  
Patient's Name: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

**\*Please provide a working number where you will be available by phone.**

What is the reason for your pet to be seen today?

\_\_\_\_\_

Please list below ALL current medications, allergies, medical conditions, food sensitivities, etc. your pet has:

\_\_\_\_\_

I understand my pet will be examined by a Veterinarian on staff and any diagnostics or treatments will be based on this exam, unless arrangement and/or agreement as to a specific test or treatment was made for my pet prior to today's date. I authorize and agree to pay for said examination and any other charges that incur as a result of my pet's stay. I understand I am responsible for all charges incurred during my pet's admission.

**Drop Off visits are expected to stay at least 6 hours and be discharged at the end of the day, no earlier than 5:30 pm.**

**Please initial one of the following options below regarding your pet's treatment:**

- I wish to be contacted at \_\_\_\_\_ prior to any diagnostics or treatments, after the initial physical examination is performed by the veterinarian today. I understand that if I cannot be reached at the above contact number, nothing beyond a physical examination will be done on my pet today.
- **Owner Initials:** \_\_\_\_\_
  
- I authorize up to \_\_\_\_\_ for my pet's care today. It is NOT necessary to contact me prior to performing diagnostics or treatments as deemed necessary by the attending Veterinarian.
- **Owner Initials:** \_\_\_\_\_

**Optional Services:** Please select any of the below you wish to be performed on your pet during their stay with us.

Nail Trim \$15-17 \_\_\_\_\_ Anal Gland Expression \$17-25 \_\_\_\_\_ Ear Cleansing \$15-27 \_\_\_\_\_

Additional services requested: \_\_\_\_\_

***All pets must have received a Rabies vaccination within the last 12 months and be free of external parasites. If fleas or evidence of fleas are found on your pet today, an appropriate treatment will be administered at the owner's expense. We will be happy to administer a Rabies vaccination if needed.***

**Hospitalized Pets** are given an estimate prior to admission and a deposit is required to be paid at the time of admission into our hospital, with the remaining balance due at discharge. Clients are normally contacted daily with an update of your pet's condition and expected discharge date. Please feel free to call us at any time for an update on your pet. Visitation is NOT normally allowed for hospitalized pets, requests must be approved by the attending Veterinarian. Under no circumstances is visitation of a pet hospitalized in isolation with a contagious disease allowed. Any pet not picked up within 7 days after expected release date is considered ABANDONED. After 72 hours, ownership of your pet immediately and irrevocably transfers to Liberty Veterinary Medical Center. As it deems appropriate, Liberty Veterinary

Medical Center reserves the right to treat, dispose, or transfer any animal abandoned and into the ownership of Liberty Veterinary Medical Center.

If your pet is found to be aggressive or dangerous to the staff or other animals and handling becomes difficult, our drop off, hospitalization or boarding services may be denied for safety reasons.

All reasonable precautions will be used to prevent injury or escape of your pet(s). Liberty Veterinary Medical Center is NOT responsible for the actions of the pet that may cause injury or escape.

**Please take your pet's belongings with you, including leashes, collars, and harnesses. We cannot guarantee any item left with your pet will be returned.**

**ALL PETS ARE TO BE PICKED UP BY 6:00 pm unless hospitalized.**

**Authorization to Treat**

I authorize the staff of Liberty Veterinary Medical Center (LVMC) to provide treatment to the above listed animal. I agree and hold harmless the staff of LVMC any injuries that may result to my pet from accidental damages caused by my pet and not deemed the result of care at LVMC. I authorize emergency procedures to be attempted on my pet during their stay if an emergent/critical situation arises, and I agree to pay for such services regardless of outcome. I understand the payment policy and agree to provide payment in full for any and all services rendered for my pet at discharge.

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**Owner Signature**

**Owner Printed Name**

**Date**