**Franklin Veterinary Associates**

**Hospital Admission Form**

|  |  |
| --- | --- |
| Owner's Name(s):  | Date:  |
| Address:  |
| **Telephone # for Today (In Case of Emergency):**   |
| Pet's Name:  | Sex:  |
| Species:  | Breed:  | Date of Birth:  |

As the owner or agent of the above animal, I hereby give my consent to Franklin Veterinary Associates to perform the following procedures: [ ]  Spay [ ]  Castration [ ]  Declaw [ ]  Tumor Removal w/ biopsy [ ]  Tumor Removal w/out biopsy

|  |  |  |
| --- | --- | --- |
| [ ]  | Dental with consent for necessary extractions: |  |
| [ ]  | Hospitalize for medical treatment: |  |
| [ ]  | ESTIMATE: |  |

**Note: If you are able to give medications without using food, please give morning dose on the day of your pet’s procedure**

Listing of current medications your animal is taking:

Were you able to give medication this morning?[ ]  Yes [ ]  No ( If unable to give medication w/out food – please bring medication with you)

Date of last flea/tick treatment: Product Used:

I understand that if my pet has evidence of external parasites (fleas, ticks, ear mites, lice, etc.), Franklin Veterinary Associates will treat them with an appropriate product, and I will be charged for that treatment.

I further understand that during the performance of these procedures, unforeseen condition may cause additional procedure(s) than set forth above. I expect FVA to use reasonable judgment in performing the procedure(s). I am aware that unforeseen events will not relieve me from any obligation to all reasonable costs incurred regarding the animal. I understand that payment in full is expected when services are rendered. I also understand that FVA does not provide 24-hour supervision.

**Signature of Owner/Agent(SEAL)**: WILL SIGN INTO COMPUTER AT CHECK IN

Please vaccinate my pet for the following (check your choices):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DOGS:** |  |  | **CATS:** |  |  |
| [ ]  | Rabies (required by law) | $23.00  | [ ]  | Rabies 1 year (required by law) | $23.00 |
| [ ]  | 5-Way Yearly (distemper) | $23.00  | [ ]  | 3-Way Distemper | $23.00 |
| [ ]  | Lyme Vaccine | $35.00 | [ ]  | Feline Leukemia Virus\* Vaccine | $23.75 |
| [ ]  | Kennel Cough Vaccine | $22.00 |  |  |  |

**LABORATORY TEST WAVIER**

If your pet is to be anesthetized, rest assured that advances in anesthesia and surgery have made routine procedures relatively safe with a low rate of complications. Nevertheless, occasional problems can arise due to pre-existing conditions not evident during routine pre-anesthetic examinations. To reduce the chances of these problems occurring, we recommend that all these cases be screened prior to anesthesia by means of the following test(s). **Note: Animals 7 years and older are required to have a pre-surgical profile before their procedure.**

Please **check box to accept** the procedures:

|  |  |  |
| --- | --- | --- |
| **[ ]**  | **PreSurgical Bloodwork: Option 1:** Mini-chemistry (5 chemistry screenings (liver & kidneys) & complete blood count (CBC)) | **$65.50** |
| **[ ]**  | **PreSurgical Bloodwork: Option 2:** Complete Wellness Profile (17 chemistry screenings, CBC, Thyroid, electrolytes) | **$112.00** |
| **[ ]**  | Cold Laser Therapy (speeds healing, reduces pain and swelling) (included in declaws)  |  **$13.00** |
| **[ ]**  | Heartworm and Tick Disease Test (Dogs only)  |  **$35.00** |
| **[ ]**  | Feline Leukemia Virus and Feline Immunodeficiency Virus Test  | **$36.00** |
| **[ ]**  | Fecal Exam (and treat if positive, treatment cost not included) for Internal Parasites |  **$24.00** |
| **[ ]**  | Pre-Surgical EKG (electrocardiogram to assess heart rate and rhythm)  | **$29.00**  |
| **[ ]**  | Microchip for permanent identification (eligible for lifetime dog license in PA) | **$30.00**  |