

Ruckersville Animal Hospital

8301 Seminole Trail, Ruckersville VA 22968

434-985-7924

Hospital Admissions Form

Owner's Name: _____ Phone Number: _____

Patient Name: _____ Species: _____ Age: _____

Sex (Please Circle): M / F Spayed/Neutered?: Y / N

As owner, or duly authorized agent of the owner, of the above named animal, I hereby consent and authorize the hospital to receive, prescribe, treat or operate on this animal.

Annual health needs or requirements for admission (to be filled out by the hospital):

Canine: DHLPP _____ Bordetella: _____ Lyme: _____ Rabies: _____ 4DX: _____ Parvo: _____

Feline: FVRCP _____ FeLV: _____ Rabies: _____ FIP: _____ FeLV/FIV: _____

Laboratory tests needed: _____

Pre-Anesthesia: _____ Fecal: _____ U/A: _____ Bloodwork: _____

Surgical Procedure:

Spay: _____ Neuter: _____ Declaw: _____ Dental: _____ Other: _____

NOTE: ADDITIONAL FEES MAY APPLY IF PET IS IN HEAT, PREGNANT OR OBESE AT THE TIME OF SURGERY. ALL CLIENTS MUST PROVIDE PROOF OF VACCINATIONS; IF NOT CURRENT, VACCINATIONS WILL BE UPDATED. IN ORDER TO KEEP OUR HOSPITAL FLEA & TICK FREE, ALL PATIENTS WILL BE CHECKED FOR THESE PARASITES AND TREATED AT OWNER'S EXPENSE.

Please understand that there are risks associated with anesthetics and surgery, and the staff and veterinarians will do their best to minimize these risks. The doctor will perform a physical examination on your pet before administering any anesthesia or sedation. In addition to the exam, we strongly recommend that pre-operative screening be performed prior to surgery to help determine if any underlying conditions are present which may create an additional risk for your pet.

This is also an excellent time to MICROCHIP your pet. The cost is \$55 which includes the cost of the registration fee.

YES, PLEASE MICROCHIP MY PET: _____

If my pet's condition changes and additional treatments are necessary, attempts will be made to contact me, however if I cannot be reached, I authorize such treatment as deemed necessary. I have been advised as to the nature of the procedures/operations involved. I realize the results cannot be guaranteed. I also understand that this account is payable at the time services are rendered, unless prior arrangements have been made with the practice manager before the appointment. I further agree that past-due accounts are subject to all costs of collection, including attorney's fees.

I give Ruckersville Animal Hospital permission to use my pet's photo on their website as their "Case of the Day" if applicable: _____

I DO NOT want my pet's photo used: _____

SIGNATURE: _____ PHONE # FOR TODAY: _____