



**Cranston**  
ANIMAL HOSPITAL  
Hospital Admission Consent

Client \_\_\_\_\_

Patient \_\_\_\_\_

Date \_\_\_\_\_

Dog

Cat

Age: \_\_\_\_\_

Sex: Female

Spayed

Male

Neutered

1) What is the problem that we are seeing your pet for today?

\_\_\_\_\_

2) How long has your pet been experiencing this problem?

\_\_\_\_\_

3) What symptoms has your pet been experiencing?

\_\_\_\_\_

4) When did your pet last eat?

\_\_\_\_\_

5) Is your pet on any medications? \_\_\_\_\_ if so, please list and what medications has your pet had today

\_\_\_\_\_

6) Is your pet current on all vaccinations at this time? Yes \_\_\_\_\_ No \_\_\_\_\_, if no, would you like us to update them today, if possible?  
Yes \_\_\_\_\_ No \_\_\_\_\_

7) If your pet is not up to date on vaccinations, when and where was your pet was last vaccinated?

\_\_\_\_\_

To determine a diagnosis and begin treatment of an ill animal, certain laboratory testing or radiographs may be required. The doctor will call you to discuss these procedures and cost. In the event of a life threatening condition, we will make every attempt to stabilize your pet and notify you as soon as possible.

**Yes** I authorize Cranston Animal Hospital to do laboratory testing on my pet

**Yes** I authorize Cranston Animal Hospital to take any radiographs on my pet.

**No** I do not wish to have any laboratory testing done on my pet at this time.

**No** I do not wish to have any radiographs taken on my pet at this tim

**Financial responsibilities for services are due at time of discharge.** I also understand that Cranston Animal Hospital, INC. is not staffed 24 hours a day and after hour treatment of patients is at the discretion of the veterinarian.

I, the undersigned owner, or agent of the pet named above, certify that **I am 18 years of age or older** and authorize the veterinarians of Cranston Animal Hospital to treat or perform needed procedures on my animal. You are to use all reasonable precautions against pain, injury, or escape of my animal. You will not be held liable or responsible in any manner for unforeseen incidents or accidents caused by the care, treatment, or safekeeping of my pet.

**Phone number(s) where I can be reached** \_\_\_\_\_

Print Name \_\_\_\_\_

Signature of the owner/agent \_\_\_\_\_

Date \_\_\_\_\_