

Veterinary Clinic of Myrtle Beach
Hospitalization Form

Today's Date _____

Owner's Name _____

Phone Number(s) where you can be reached TODAY # _____

Pet's Name _____ Your Pet's Age _____ Weight _____

Is your pet Male or Female? _____

Is your pet on any medications at this time? If so, please list all medications and frequency given:

Is your pet given consistent MONTHLY preventative medication? (Heartworm and Flea):

Is your pet allergic to anything? If so, please describe:

Has your pet had any illnesses or seizures in the past? If so, please describe:

Has your pet been given any food or medications today?

If your pet needs to be given any medications at home, which to you prefer to give?

- Liquid
- Pills/Tablets

My pet needs a diagnostic work up for a medical condition and I consent to the following testing:

- Physical Examination
- Sedation or Anesthesia
- Radiographs
- Bloodwork and Diagnostic testing
- Nail Trim/ Anal Gland Expression (circle)
- Vaccinations that are due/overdue

Please provide ANY additional information that will help us diagnose your pet's problem quickly, efficiently and with the least amount of cost to you as possible:

Continued on the next page →

All pets that are hospitalized are required to have current vaccinations, and must be free of contagious parasites such as fleas, ticks or gastrointestinal worms. If we are unable to secure proof of vaccinations or notice any parasites that will affect other animals in our care, we will treat your pet for any of these conditions and you will be charged for these services.

Owner's Signature: _____

Admit Nurse Initial: _____

IN THE EVENT OF A MEDICAL CRISIS:

- I wish for the doctors of the Veterinary Clinic of Myrtle Beach to perform **CPR** on my pet if he/she suffers respiratory or cardiac arrest. I understand that my pet may or may not respond to this life-saving procedure.

I understand that if my pet survives because of **CPR**, he/she may have permanent health issues.
CPR may cost up to \$300.00

- I **DO NOT** want CPR performed on my pet. I understand that if my pet stops breathing, and/or his/her heart stops beating, that my pet will die. I elect to have **DNR** orders placed on my pet's record for his/her boarding stay.

Signature _____

Date _____