

Veterinary Clinic of Myrtle Beach

Day Admit/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 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
- Tablets

Requests (check all that you give PERMISSION for):

- Physical Examination \$70-\$150
 - Diagnostics recommended: Bloodwork, etc. \$300-\$600
 - Diagnostics recommended: X-Rays, etc. \$264-\$500
 - Sedation/Reversal \$129-\$300
 - Nail Trim \$23+
 - Anal Gland Expression \$25+
- If we are unable to reach you; you **DO** give permission for the doctor and team to proceed with above treatments/diagnostics
- If we are unable to reach you; you **DO NOT** give permission for the doctor and team to proceed with above treatments/diagnostics

Consent for treatment:

Owner's Signature: _____

Admit Nurse Initial: _____

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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 or more than \$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 _____