



Medical Admission

Animal Hospital of Signal Mountain

1801 Taft Hwy, Signal Mountain, TN (423) 886-7387

Pet: <animal>
date>

Owner: <first-name> <last-name>

Appointment Date: <appt-

Date Services Due:
<treatments>

To Help Us Provide The Best Possible Service For You And <Animal> Please Fill Out This Form Completely

Medical Services Requested:

I do hereby give **Animal Hospital of Signal Mountain** and/or Representatives full and complete authority to perform the procedure(s) described below. *Please initial all Medical Services*

1. _____
2. _____
3. _____
4. _____
5. <Animal>'s Microchip is # <id> ☐ or ☐ YES *Please* Microchip <animal> today. (\$45.00)

Medical History:

Relevant Medical Conditions: _____

Current Medications & Times given: _____

- ✓ Animal(s) must be current on vaccinations for All Services. It is my responsibility to provide proof PRIOR to services. Canine requirements: DAP, Bordetella, Fecal and Rabies Vaccinations. Feline requirements: FVRCP, Fecal, and Rabies Vaccinations. All animals requiring vaccines need a physical exam to ensure that they are healthy.
- ✓ Pets must be free of internal and external parasites such as Intestinal Worms, Fleas, and Ticks. Pets will be examined and treated at owner's expense.
- ✓ Though the hospital and its agents shall exercise all reasonable care to prevent the spread of contagious diseases to or among the hospitalized animals, it must recognize that such spread occasionally occurs. The Hospital cannot guarantee against the spread of contagious disease, and shall not be responsible or liable for any such spread.
- ✓ I certify that I have read and understand this authorization and that I am the owner or am responsible for the animal and have authority to execute this consent. I hereby indemnify and hold Animal Hospital of Signal Mountain, the doctors and staff harmless from and against any and all liability arising out of the performance of treatments or procedures. I realize that in many cases it is impossible to determine in advance the full extent of medical or surgical treatment that may be required. I accept full responsibility for the fees generated by such services and realize that they are due and payable at the time that the animal(s) is/are released from the hospital. Any exception to this policy must be authorized prior to the performance of any services. We accept Cash, Checks, MasterCard, Visa, Discover, & American Express cards for your convenience. In such cases of accounts requiring legal actions, owners agree to pay collection costs and reasonable attorney's fees.

Signed _____

Date _____

Phone Number _____

Pick up Time _____ (Please call first)

☐ I do not wish to speak with the technician regarding my pet

Staff Member _____

Thank you for letting us care for your pet today!