



All Inclusive Admission

Animal Hospital of Signal Mountain

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

Owner: _____ Check-In _____ Check-Out _____
Pet Name(s): _____

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

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

Surgical/Medical Services Requested:

1. _____ ☐ If performing a dental - I authorize necessary extractions
2. _____
3. _____
4. <Animal>'s Microchip is # <id> or ☐ YES *Please* Microchip _____

Anesthesia Options:

- **Pre-anesthetic Bloodwork** may be required before your pet's surgery. In most cases, this will be discussed prior to the procedure, but may be done in our in-house laboratory the day of the pet's surgery (May be at the veterinarian's discretion~ ask about pricing)
- **Supportive Fluids** will be given during your pet's procedure. An IV catheter will be placed for all anesthetic procedures

Medical History:

Relevant Medical Conditions: _____
Current Medications & Times given: _____

Boarding:

☐ YES ☐ NO Did you bring toys or bedding? _____

☐ YES ☐ NO Did you bring your own food? Instructions: _____

We feed all boarding animals Sensitive Stomach diets. If your pet is on a prescription diet That is not provided, an additional charge may be incurred to take the food out of our stock.

☐ YES ☐ NO Is your pet on Heartworm and flea/tick preventative?

☐ YES ☐ NO Any other medications? Name of Medication, how given and last time given (all medications must be provided in original packaging or may be rejected by the veterinary staff): _____

A daily fee applies for giving animals medication

☐ YES ☐ NO relevant medical history? (seizures, sneezing, coughing, vomiting, or diarrhea) _____

☐ YES ☐ NO Drug Allergies? _____

Vomiting and Diarrhea can be fairly common occurrences during boarding. Our veterinarians reserve the right to examine and treat as necessary at the owner's expense.

If any other problem is observed or develops: (Please **Check** just one box):

- ☐ Please treat my pet as required, you need not call me.
- ☐ Perform only emergency/supportive care. Notify me for permission to begin any other treatment.

Grooming: ~ Please select from the following, or select DECLINE

- ☐ Decline
- ☐ Bath Only
 - ☐ Pet Cologne comes standard with all Baths, unless otherwise noted
 - ☐ Yes I would like cologne today
 - ☐ No, I would not like cologne today
- ☐ Groom (Hair Cut) & Bath
 - ☐ Shave Down - All Over Cut - Body, Tail, & Head Completely Shaved (SHORT)
 - ☐ Puppy Cut - Blade Comb Cut, 3/8"-1" Length Overall
 - ☐ Specialty Cut – Lion, Schnauzer, Poodle, Cocker, Etc.

If pet is heavily matted, it will be shaved for the pet's well being & comfort. Groomer will call first to alert owner

Instructions: _____

Groomer Requested: _____

☐ YES ☐ NO Some pets require sedation before grooming. May we sedate <animal> if necessary?

- ✓ Animal(s) must be current on vaccinations for All Services. It is my responsibility to provide proof PRIOR to services. Canine requirements: DAP (doctor's discretion, Bordetella, Fecal and Rabies Vaccinations. Feline requirements: FHRCP (doctor's discretion), Fecal, and Rabies Vaccinations. All animals requiring vaccines will need a physical exam to ensure that they are healthy PRIOR to vaccines.
- ✓ Pets must be free of parasites such as Intestinal Worms, Fleas, and Ticks. Pets will be examined and treated at owner's expense at the discretion of the veterinarian.
- ✓ The Animal Hospital of Signal Mountain shall exercise all reasonable care to prevent the spread of contagious diseases to or among the hospitalized animals; however, it is a fully operational hospital which occasionally treats contagious disease. The Hospital cannot guarantee against the spread of contagious disease, and shall not be responsible or liable for any such spread.
- ✓ Should an emergency arise and I or my designated agent is unreachable, I authorize the medical staff to perform such emergency procedures as may be necessary for the health of my pet.
- ✓ The hospital is to use all reasonable precaution against injury, escape, or death of animal(s). The hospital and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with animal (s) will be treated as noted above and I assume full responsibility for the treatment expense incurred.
- ✓ I will call if my "pick-up" date changes so you can plan accordingly. If I neglect to pick up my pet within 5 days of the date scheduled for discharge, and do not notify you within that time period, you may assume that my animal is abandoned and are hereby authorized to dispose of animal as you deem best and/or necessary.
- ✓ I will not hold the hospital responsible for the loss or damage to personal items left with my pet including leashes, collars, toys, bowls, carriers, and bedding.
- ✓ I certify that I have read and understand this authorization and that I am the owner or am responsible for the animal and 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 _____

Alternate Phone Number _____

Pick up Time (if pet is getting a groom or seeing the vet during their visit) _____

(We will do our best to accommodate your time. If no time is listed, then we will call you when your pet is ready)