



Western Arizona Humane Society Veterinary Clinic
2610 Sweetwater Ave • Lake Havasu City • AZ 86406 • (928)-846-8240

Hospitalization & Treatment

Date: _____

We at The Western Arizona Humane Society Veterinary Clinic understand that most people who drop off their animals for examination are in a hurry. To better serve you and your pet, please take a few minutes to fill out this form.

Owner's Full Name: _____ Patient Name: _____ Species: _____
Breed: _____ Color: _____ Age: _____ Sex: _____ Altered? Yes Or No

General History (Only fill out if Dropping Off)

What is your primary concern today? (Describe in detail) _____

When did your pet start showing these symptoms? _____

Describe your pet's attitude and activity level: Normal Sluggish Depressed Hyperactive Hides under bed

How is your pet's appetite? Ravenous Increased Same Decreased Not eating

Have you changed your pet's diet recently? Yes or No

What kind of food was fed before? _____

What kind of food do you feed at home? _____

Has your pet's environment changed? _____

If your pet has been vomiting or is having diarrhea, please describe below:

Consent for Examination, Hospitalization, and Treatment:

As the owner, or owner's agent of the above animal, I hereby give my consent to the staff veterinarians at The Western Arizona Humane Society Veterinary Clinic to examine, and if appropriate, to hospitalize, prescribe medications for, and perform treatments as deemed necessary on my animal. In the event the veterinarian or staff is unable to reach me, I understand it is my responsibility to call the hospital daily to inquire as to the medical status of my pet. I acknowledge that the medical condition of my pet may drastically worsen in a short period of time. I realize that unforeseen events may occur during the period of hospitalization. Should some unexpected lifesaving emergency care be required, and should the situation or circumstances preclude my being contacted, The Western Arizona Humane Society Veterinary Clinic's staff has my permission to provide necessary treatment.

In Case of emergency, do you authorize us to resuscitate using any means possible? *Could incur additional charges*

If YES Initial _____ If NO Initial _____

I understand that I am responsible for all professional and hospital fees, including fees for medications and diagnostic procedures, and agree to pay, in full, for all services rendered. This responsibility continues in the event my pet fails to recover, dies, or is euthanized. I am encouraged to discuss all fees attendant to the care of my animal before services are rendered, and to request a written estimate of involved fees if one has not been provide to me. Any verbal or written estimate of charges or fees is only a best approximation, and the final charges may be less than or greater than this amount. I agree to pay a deposit of 50% of the estimated fees upon hospitalization, and to pay for the balance of all services rendered on a cash, credit card or debit card basis upon discharge. I further agree that I, or an authorized agent, will pick up my pet and pay for all accrued charges within 5 days after receiving written or oral notification that my pet is ready to be released from The Western Arizona Humane Society Veterinary Clinic. Such notice will be given at the address maintained on the hospital's patient/client record or the address listed below. I agree that if I fail to comply with this policy, The Western Arizona Humane Society Veterinary Clinic will consider my animal abandoned and will proceed accordingly.

I understand there is no staff after hours at this facility. Initial _____

All Guests will be inspected for fleas and ticks upon entry and will be treated, if necessary, at your expense. Initial _____

I have read and agree to the above statements:

Signature _____ Address: _____ City: _____

State/Zip Code: _____ Phone: _____ Alternate Phone: _____

(Only the person in charge of making decisions will be contacted by the doctor.)

I authorize any diagnostic procedures deemed necessary up to a maximum amount of \$ _____.

_____ I understand basic diagnostic procedures will be performed and after an initial diagnosis is reached, the doctor will contact me at the numbers I have listed as soon as possible.