



Mebane Pet Clinic
1028 Mebane Oaks Road
Mebane NC 27302
(919) 304-5200

Hospital Admission Form

Wednesday, June 17, 2020

Client Name:	Mebane Pet Clinic	Patient:
Address:	1028 Mebane Oaks Road Mebane, NC 27302	Age:
Email:	1028 Mebane Oaks Road	Sex:
Phone Number:	(919) 304-5200	Breed:
Account Number:		Color:
		Weight

Tech/Assistant Admitting Patient:

What does your pet need to have done today?

Has your pet eaten after 9 pm last night?

Current Medications Pt is taking and LAST dose?

Please check any and all treatments and diagnostic procedures we are authorized to perform:

Bloodwork

Radiographs (X-Rays)

Ultrasound

Urinalysis

IV/SQ Fluids

Heartworm Test/Fecal Test

Vaccines

CPR/Emergency Treatment

Additional Services Requested:

Nail Trim

Nail Trim w/ Dremel

Anal Sac Expression

Ear Plucking/Cleaning

****We will attempt to perform the above procedures without sedation. However, in some cases it may be necessary to place your pet under light sedation for the comfort of your

pet. Your signature below indicates your acceptance of this procedure without additional prior notice.****

Permisson to perform sedation if needed: Yes No

I understand the above diagnostic, therapeutic, anesthetic and/or surgical procedures may involve risk of complications, injury, or even death, from both known and unknown causes, and no warranty or guarantee has been either expressed or implied as to result or cure. Furthermore, I authorize the hospital staff in an emergency situation to follow through with such procedures as are necessary for the well-being of my pet on a continuing basis until further notice communication from me. I agree to assume financial responsibility for all routine and emergency services rendered.

Your signature below constitutes your acknowledgement that (i) you have read and agreed to the above, (ii) the procedure(s) have been explained to your satisfaction and that you have all the information that you desire, (iii) you have had the chance to ask questions, and (iv) you authorize and consent to the performance of the procedure(s) and to the administration of anesthesia (if indicated).

***We need the name and number of **one** person that can be reached and who can make decisions (medical and financial) about the care of your pet. Multiple phone calls affect the prompt care of **all** of our patients. Legally, this should be the person named on the record as the owner.*

Owner's Signature: _____ Phone Number(s): _____

ALL SERVICES RENDERED MUST BE PAID IN FULL AT TIME OF DISCHARGE