



# Adair County Animal Hospital & Laser Surgery Center

## Admit Form (General)



**Client ID:** \_\_\_\_\_ **Client Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Primary Phone #:** \_\_\_\_\_ CELL / HOME (CIRCLE ONE)

**Pet's Name:** \_\_\_\_\_ **Species:** Dog / Cat / Other \_\_\_\_\_

**My pet is a:** Spayed Female / Female / Neutered Male / Male

**Description of items left with my pet today:** \_\_\_\_\_

**In the event of an emergency or illness** during your pet's stay, we would like to know what treatment you would want for your pet. Rest assured, that advances in anesthesia, anesthetic monitoring, and surgery have made procedures safer with a low rate of complications.

**Please choose an option below.**

\_\_\_\_ **Code 1** - Do nothing and let nature take its course. Call before any exams or treatments are done.

\_\_\_\_ **Code 2** - Attempt CPR and give medications. This includes examinations, fecals, and reasonable testing.

\_\_\_\_ **Code 3** - Do everything possible, including internal heart massage. Please keep in mind this is an extreme measure with little success and long-term hospitalization/recovery.

- I give my permission to have services performed by Adair County Animal Hospital. I also agree to pay a deposit when required and assume financial responsibility for the remaining balance of fees, and provide payment via cash, credit/debit card, check, Care Credit, or ScratchPay at the time my pet is discharged from the hospital.
- I understand that my pet will be administered a Capstar pill (24hr flea control) which is required and given upon admittance to the hospital regardless of any other flea control product used at home. This ensures we remain a flea-free facility.
- I give Adair County Animal Hospital permission to use my pets photo on social media and promotional advertisements. \_\_\_\_ **YES**, feel free. \_\_\_\_ **NO**, please do not photograph my pet.

**My communication preference for today:** CALL or TEXT  
**The phone number to do so:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Tech or CSR Initials:** \_\_\_\_\_