

**NORTH CHANNEL ANIMAL HOSPITAL
HOSPITALIZATION FORM**

PLEASE READ CAREFULLY BEFORE SIGNING THIS DOCUMENT

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PET'S NAME: _____

TREATMENTS TO BE PERFORMED TODAY: _____

I understand that my pet is being left in the medical care of North Channel Animal Hospital, its veterinarians and staff. I further understand that every effort will be made to insure my pet's safety and comfort. I hereby authorize the use of anesthesia if required for any procedures or treatments performed in the care of my pet. **My pet will have the pre-anesthetic blood testing done today.**

DENTAL AUTHORIZATION

I hereby authorize North Channel Animal Hospital to anesthetize my pet to have his/her teeth cleaned and polished. We may find that some teeth will need to be extracted during the dental at the doctor's discretion. **Minor extractions are an additional charge of \$12.22 each and Major extractions are an additional charge of \$29.69 each.** Should your animal require an extraction, a pain injection will be given. Additionally, during the pre-surgical physical exam, we sometimes find that younger animals have baby teeth that should be extracted to prevent problems later on. I give my permission for the doctors to use discretion for extractions my pet may need.

PLEASE READ CAREFULLY AND INITIAL _____

ADDITIONAL CHARGES

1. THERE IS A MINIMUM ADDITIONAL CHARGE OF \$31.41 IF YOUR PET IS IN HEAT OR PREGNANT.
2. POST-SURGICAL PAIN RELIEF MEDICATIONS WILL BE SENT HOME. THE COST OF THIS PAIN MEDICATION IS ESTIMATED AT \$30.00 – \$40.00.
3. I FURTHER UNDERSTAND THAT MY PET WILL BE INSPECTED FOR EXTERNAL PARASITES UPON CHECK IN. IF EVIDENCE OF FLEAS, TICKS, EAR MITES, OR SARCOPTIC MANGE IS FOUND, MY ANIMAL WILL BE TREATED AT THE HOSPITAL'S DISCRETION AND APPROPRIATE CHARGES WILL BE MADE TO MY ACCOUNT.
4. PLEASE READ ABOVE ITEMS CAREFULLY BEFORE INITIALLING. _____.

OTHER PROCEDURES

Feline FELV/FIV testing \$70.56 **Microchip \$75.14;** with no yearly registration fee required

Is Your Pet Current on Vaccines? Yes No Would you like for us to update the Vaccines needed today? Yes No

I am the owner/guardian of this pet and I am over the age of 18 years of age and can legally make medical decisions regarding this pet.

**OWNERS NAME
(PLEASE PRINT)**

OWNERS SIGNATURE

DATE

CONTACT PHONE NUMBER TODAY