

Grooming Admission Form

Staff Initials _____

For: <animal> <last-name> *Pet Status (circle): New / Repeat*

WL _____ WB _____

ID: <number> Date: <date> Provider: _____
Client Name: <last-name>, <first-name> (<spouse>) Patient: <animal> <appt-doctorname>

Address: <address> Species: <species>
<city>, <st> <zip> Breed: <breed>

Phone: <area>-<phone> Color: <color>
<cell-phone> Sex: <sex-name>

Email: <e-mail> DOB: <birthday> (<age-name>)
Allergies: <allergy> Weight: <weight>

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|---|
| Patient Alert: <animal-alert> |
| Appointment Notes: <appt-notes> |
| Check In Time: <time> |
| Reminders <reminders> |

| |
|--------------|
| <animal-pic> |
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Description of Groom (please be specific)

Is Sedation Necessary? Yes or No

If sedation is necessary, we recommend blood screening to evaluate organ and circulatory status prior to sedation. Our staff would be happy to share more information about this recommendation upon request. Please confirm your election below:

- A) I accept the recommendation and elect to have my pet diagnostically screened prior to sedation. I understand that I will be responsible for the additional associated charges.
- B) I decline the recommendation and waive the diagnostic blood screen for my pet.

Preferred Pick-up Time: _____

(Note: Attempts will be made to accommodate the requested time for pick-up however please be advised we cannot guarantee this request. You will be contacted as soon as your pet is ready for pick-up or you are welcome to pick-up your pet before hospital closing. Any pet not picked-up by closing time will be boarded comfortably overnight at the owner/caretaker's expense.)

Pet Belongings: _____

Family Pet Clinic of NRH.
6724 Mid-Cities Blvd.
North Richland Hills, TX 76180
Main: (817) 788-2525
Fax: (817) 788-5575

For Your Pet's Health

Special Care / Pre-Existing Conditions / Medical Issues / Medications

Additional Services Requested (further admission/treatment consent forms may be necessary)

Medical Requirements and Waiver:

To insure the protection of our staff, other clients and all pets under our care, the pet listed above must have received a veterinary physical exam and species specific infectious disease vaccines including DHPP and Bordetella (dogs only) and FVRCP (cats only) *within the last twelve months*, be current on Rabies (both dogs and cats) per municipality requirements where pet resides and be free of internal/external parasites. If the pet has not received the above mentioned items within the required timeframes or is noted to have parasites, Family Pet Clinic will provide treatment in accordance with the above mentioned policy at the owner/caretaker's expense.

The owner/caretaker also assumes full responsibility to provide payment for any additional services required to handle pet in a safe manner, including, but not limited to, sedation or staff restraint.

In the unlikely event that the pet develops a severe or life-threatening illness during its stay, Family Pet Clinic will make every effort to contact the person listed above as soon as possible. If no one can be reached, please indicate with your initials, the preferred means of care designated below. Please note that with any selection, outcomes of care are not implied or guaranteed.

____(a) Family Pet Clinic has the authority to perform all medical care services deemed necessary by the attending physician and I accept full responsibility for any and all costs that may be incurred for such services.

OR

____(b) Family Pet Clinic has authority to provide supportive medical care until specific authorization is provided. Supportive care refers to medications and/or treatments used to alleviate pain and to stabilize vital signs. I accept full responsibility for any and all costs that may be incurred for such services.

OR

____(c) Due to the age and/or health condition of my pet, I request that no life saving measures be taken in the event of a life threatening crisis.

Payment for all services is due at time of discharge.

I, the undersigned have read, understand and consent to Family Pet Clinic of NRH requirements and statements contained herein.

Owner's Signature

Today's Date