



Hospital Admission Form

Date _____
Owner Name _____
Cell Phone Number _____ Alternate Phone Number _____
Agent Name _____ Agent Phone Number _____
Billing Address _____
City _____ State _____ Zip Code _____

Patient Information

Name _____
Species: Horse Bovine Goat Sheep Swine Camelid
Age _____ Breed _____ Color _____ Sex (Circle one) Male - Female - Altered Male - Spayed Female

Feeding Instructions: _____
Belongings left with patient: _____
Reason for Hospitalization: _____
Insured? (Circle one) Yes - No Insurance Company Name: _____

- (Please Initial)**
- I do hereby consent and authorize Countryside Large Animal Veterinary Services, PLLC and its staff to hospitalize my animal, and to administer vaccinations, medications, perform tests, surgical procedures, anesthetics, and treatment that the veterinarian(s) deems necessary for the health, safety, and well-being of the above animal while under their care and supervision.
 - If my animal should injure itself in an escape attempt, refuse food, become ill, or die while in the hospital, I will hold Countryside Large Animal Veterinary Services, PLLC and staff free of any responsibility and/or liability in the absence of gross negligence.
 - If an emergency arises and I cannot be contacted to provide authorization for treatment, the attending veterinarian should act in his or her best judgement. I agree to pay the additional expenses incurred for the emergency treatment.
 - I have been informed and understand that visitation is during business hours only. Visitation after hours **MUST** be prearranged with the attending veterinarian. **Visiting hours are 9:00am-4:00pm Monday-Friday.**
 - I understand that my animal must be picked up by 11am on the day of discharge. Additional hospitalization charges may apply to late pickups.
 - I understand that if I neglect to pick-up the animal within five (5) days of verbal notice that the animal is ready for release, Countryside Large Animal Veterinary Services, PLLC may assume that the animal is abandoned*. Abandonment does not release me from my financial obligations of the bill. *Unless other arrangements have been made.

Authorization for Treatment / Hospitalization

I, as owner or agent for the owner of the animal listed above, have the authority to execute this consent. I authorize Countryside Large Animal Veterinary Services, PLLC to treat and/or perform services on the animal listed above. This treatment/procedure may include the use of appropriate diagnostics, medications, anesthetics and/or surgical procedures as deemed necessary in the exercise of the veterinarian's professional judgement.

Owner/Agent Signature _____ Date _____

FINANCIAL RESPONSIBILITY **CREDIT CARD ON FILE IS REQUIRED**

I accept full financial responsibility for veterinary services performed by Countryside Large Animal Veterinary Services, PLLC. I understand that payment IN FULL is required upon release of the animal. It is the policy of Countryside Large Animal Veterinary Services, PLLC to require a credit card on file for surgical patients and hospitalized animals. I understand my credit card will be charged on the day of discharge of the animal if another form of payment has not been presented. Credit card will be charged weekly for extended hospital stays.

I have read and understand this authorization and consent. **Owner/Agent Signature** _____

Credit Card Number _____ Expiration Date _____ V Code _____

Cardholder Signature _____ Date _____



Surgery Consent Form

Patient Name _____ Owner Name _____

Please list any diseases, conditions, or medications that your animal is presently being treated for/with. Please list any past conditions we should be aware of. _____

Estimate

The cost of medical and/or surgical care of your animal for the procedure: _____ is estimated to be between \$ _____ and \$ _____.

Please recognize that this is only an approximation of the cost to you for the above-named procedure performed on your animal. **The final cost of treating your animal may be substantially different if additional disease conditions present or complications develop.**

This estimate does not include aftercare, additional days of hospitalization, or supplies and medication used in the aftercare at the hospital or sent home upon discharge.

A deposit for the estimated cost of surgery is due at the time of drop-off. Deposit amount due is \$ _____. Unless another form of payment is offered, the card listed on the hospitalization form will be charged for the deposit. The remaining balance is due upon discharge and will be charged to the credit card listed.

Authorization for Treatment / Consent for Surgery

I, as owner or agent for the owner of the animal listed above, have the authority to execute this consent. I authorize Countryside Large Animal Veterinary Services, PLLC to treat and/or perform surgery on the animal listed above. This treatment/procedure may include the use of appropriate diagnostics, medications, anesthetics and/or surgical procedures as deemed necessary in the exercise of the veterinarian's professional judgement.

Pre-Anesthetic Blood Work

At Countryside Large Animal Veterinary Services, PLLC pre-anesthetic blood work is required and included in the cost estimate of the surgery for all equine patients. Pre-anesthetic blood work screens the liver, kidney, metabolic and bone marrow functions of your animal. This helps to ensure that your animal will be capable of effectively metabolizing the anesthesia we administer, thereby minimizing the likelihood of any unexpected complications. Your animal's safety is our highest priority and anesthetic regimens can be altered to fit any particular health concern.

Provision of Pain Relief

Administration of pain medication before some procedures may be warranted. The provision of pain relief is not included in the cost of your animal's surgical procedure estimate. Pain relief medications post-surgical procedure may also be necessary.

I have read and understand the risks involved in the medical or surgical procedure to be performed. I understand the risk of injury or death associated with general anesthesia induction, positioning, and recovery. I will not hold Countryside Large Animal Veterinary Services, PLLC liable for any unforeseen complications while Gold Standard Care is provided during the period of anesthesia (including induction and recovery) and surgical procedures are performed.

Owner/Agent Signature _____ Date _____

FINANCIAL RESPONSIBILITY **CREDIT CARD ON FILE IS REQUIRED**

I accept full financial responsibility for surgical services performed by Countryside Large Animal Veterinary Services, PLLC. I understand that payment IN FULL is required upon release of the animal. It is the policy of Countryside Large Animal Veterinary Services, PLLC to require a credit card on file for surgical patients and hospitalized animals. I understand my credit card will be charged on the day of discharge of the animal if another form of payment has not been presented. Credit card will be charged weekly for extended hospital stays. If insurance covers this procedure, it will be insurance reimbursed. I have been informed of the cost estimate for the proposed diagnostic and treatment procedures. I further agree that in the case of non-payment, a finance charge of 1.75% per month will be charged and that any collection fees or attorney fees will be paid by me.

Owner/Agent Signature _____ Date _____

Follow up DVM:
WS SB MH