



Animal MEDICAL CENTER Admitting Form

6840 West Commercial Boulevard • Lauderhill, Florida 33319

954.741.2776

Owner _____ In Date/Time: _____ Out Date/Time: _____

Pet _____ M / F K9 / Fel / Other Breed _____ Color _____

Phone Numbers:

Home _____ Work _____ Cell/Emergency _____

MAIN COMPLAINTS / WORK TO BE DONE

Food: Own / House Type: Dry / Canned / Semi Moist

Quantity _____ OD / BID / Leave Down

Special Diet _____ Treats _____

Medication	Dosage	Source	Instructions

I am the owner of the above named animal, or am responsible for it and have the authority to execute this consent.

I hereby consent to the hospitalization/admission of the above named animal, and authorise the Doctor and his staff to administer any medication, tests, anesthetics, or surgical procedures that the Doctor deems necessary for the health, safety, or well being of my pet. I understand that as a prerequisite to my animal being admitted, vaccinations must be current, and that my pet is free of external and internal parasites (fleas, ticks, worms, etc.) or these will be corrected at admission and charged accordingly.

ALL FEES FOR PROFESSIONAL SERVICES ARE DUE AND PAYABLE AT THE TIME OF DISCHARGE.

In the event it becomes necessary to collect fees through the services of an attorney, either prior to trial or at trial, then the client agrees to pay all reasonable attorney's fees. In the event it becomes necessary to collect these fees through litigation, then the client agrees to pay all court costs, deposition fees and reasonable attorney fees incurred.

**Do you wish a written estimate YES / NO Admitting deposit YES / NO
Credit Card on file YES / NO**

Signature _____ Date _____