



## Patient Admitting Form

### CLIENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer/Profession \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

### PET INFORMATION

Name \_\_\_\_\_  DOG  CAT  OTHER \_\_\_\_\_

Breed \_\_\_\_\_  MALE  FEMALE Spayed or Neutered:  YES  NO

Birth Date \_\_\_/\_\_\_/\_\_\_ or Age \_\_\_\_\_ Color/Markings \_\_\_\_\_

Any known allergies or drug reactions: \_\_\_\_\_

Reason for Visit \_\_\_\_\_

### VETERINARIAN INFORMATION

Family Veterinarian \_\_\_\_\_ Hospital \_\_\_\_\_

Referring Veterinarian (if different) \_\_\_\_\_ Hospital \_\_\_\_\_

How did you learn about our hospital? We would like to thank any individual who referred you.

My Veterinarian  Internet  Phonebook  Sign  Family/Friend  Other \_\_\_\_\_

**May photos and videos of your pet be printed media and posted on social media?  Yes  No**

### Authorization for examination and evaluation:

I hereby authorize the Suncoast Veterinary Emergency & Specialty Center doctors and technicians/assistants to examine my pet and evaluate its condition. I am giving permission to restrain or muzzle my pet if it is fractious or threatens to bite, in order to prevent harm to my pet, the staff, the doctor, or myself. I also authorize release of medical records to other third party veterinarians and pharmacies as needed, to benefit my pet's health. I understand the initial cost of the specialist exam fee (\$145.00), or emergency fee (\$95.00) and agree to pay this fee, and any other agreed upon diagnostic and treatment fees (verbal and/or written) at the time of discharge, in full. All fees for professional services are due at the time services are rendered.

**SIGNATURE OF RESPONSIBLE PARTY** \_\_\_\_\_ **DATE** \_\_\_\_\_