

WESTLOCK VETERINARY CENTER
ADMISSION FORM

Pet's Name: _____ Owner's Name: _____

Reason for admission to the hospital: _____

Daytime Contact Number: _____

Any ongoing medical conditions / medications? _____

Vaccinations current? Yes___ No___ If no, the Westlock Veterinary Center does not assume responsibility should your pet come into contact with contagious diseases while hospitalized.

Accepted methods of payment: Debit, Visa, Mastercard, Cash. We do not accept cheques.

Hospitalization Consent

I _____ acknowledge that:

I consent to my pet receiving treatment from the Westlock Veterinary Center. The treatment that my pet is to receive has been explained to me. I am satisfied that I am fully informed about the treatment and the risks that accompany the treatment. I understand that results cannot be guaranteed.

I understand that there is not overnight monitoring of hospitalized patients and that if requested my pet may be taken home or transferred to a 24 hour care center.

I also understand that my pet may require sedative and/or anesthesia during the treatment. I understand that all sedative and anesthesia involve some risk to my pet (see reverse).

I assume all risks in connection with the treatment, hospitalization, sedative, or anesthesia that my pet will receive.

If the animal is not picked up within 72 hours of the expected discharge date, I acknowledge that the Westlock Veterinary Center has the right to give away, sell, or humanely euthanize this animal.

I have read and understood this authorization and consent. I take full responsibility for payment at the time of service.

Signature: _____ Date _____