

Midtown Veterinary Hospital

85 University Avenue | Rochester, NY 14605 | Phone (585) 546-1550 | Fax (585) 546-1558

ADMITTANCE

Date _____ Owner's Name _____ Pet's Name _____

Phone number(s) where you can be reached today _____

Emergency contact name _____ Phone _____

Reason for Admittance _____

Discharge policy: The legal owner(s), of the above listed pet, are the only allowed people to be present at the time of discharge. Midtown Veterinary Hospital will not discharge pet to a representative of the owner(s).

Please initial next to the following:

Yes No

_____	_____	Has your pet eaten today?
_____	_____	Is your pet due for any vaccines? If yes: _____
_____	_____	Would you like your dog tested for heartworm today? (\$16.00)
_____	_____	Would you like your cat tested for Feline Leukemia/Feline AIDS? (\$43.00)
_____	_____	Would you like your pet tested for intestinal parasites? (\$20)
_____	_____	Would you like your pet permanently identified with a microchip?* (\$45.00)
		*Includes lifetime registration fee

For Dental Procedures ONLY: Do you give permission to the doctor to extract teeth deemed medically necessary?

If yes:

You, as owner of _____, have authorized Dr. Ami Maloco to perform partial mouth extractions (less than 5-10 teeth) or full mouth extractions (all teeth) without discussing entirety of total cost of the dental procedure. This means you are agreeing to pay, in full, the whole amount due at the time of discharge.

If no:

You, as owner of _____, would like the Midtown Veterinary Hospital to call you before Dr. Ami Maloco can proceed with any extractions to discuss entirety of cost of the procedure. And you, the owner, understand that there is a 5-10 minute time frame allowed, while the pet is under anesthesia, from when the Midtown Veterinary Hospital calls to the time you, the owner, answers. Your pet will be recovered from anesthesia, without performing the necessary extractions, if there is no answer within that time frame.

Baseline diagnostic tests are *REQUIRED* before the use of anesthetics on *ALL* animals. This is necessary to ensure that basic liver and kidney values are within the normal ranges. Furthermore, it can help us catch any undetected congenital problems or illnesses that have not yet manifested clinical signs.

Yes No

_____	_____	Bloodwork for routine surgery/sedation under 6 years old and clinically healthy (\$75.00)
_____	_____	Bloodwork for surgery/sedation over 6 years old (\$90.00)
_____	_____	Bloodwork has been done in the last 30 days

please see other side ->

Has/Is your pet: (If any "yes", please explain)

Had any allergies to medications? _____ Had any seizures in the past? _____

Currently on any medication? _____

Payment Information: I assume responsibility for all charges incurred in the care of this pet. I also understand that these charges will be paid at the time of release and that a deposit (75%) is required before treatment begins.

****If fleas are found on my pet during examination, I authorize the doctor to apply a treatment and understand there will be a charge for this.***

Authorization for Medical/Anesthesia/Surgical Treatment: I have been fully advised of the anticipated procedures, advised of the reasons for them, the expected benefits, and the possible risks involved. I hereby authorize Dr. Ami Maloco, D.V.M, assigned doctors, and/or the staff she employs to administer treatment as she/they consider therapeutically and/or diagnostically necessary on my pet. I also consent to the administration of such anesthetics as are necessary and surgical procedures of an emergency/non-emergency nature.

Print Name: _____

Signature: _____ **Date/time:** _____

Intake Staff Initials: _____ **Date/time:** _____