

# Midtown Veterinary Hospital

85 University Avenue  
Rochester, NY 14605  
Tel: (585) 546-1550

## 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. Dansville Animal 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? (\$45.00)

\_\_\_ \_\_\_ Would you like your cat tested for Feline Leukemia/Feline AIDS? (\$45.00)

\_\_\_ \_\_\_ Would you like your pet tested for intestinal parasites? (\$25.00)

\_\_\_ \_\_\_ Would you like your pet permanently identified with a microchip?\* (\$35.00)

\*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 Dansville Animal 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 Dansville Animal 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 (\$37)
- \_\_\_ \_\_\_ Bloodwork for surgery/sedation over 6 years old (\$83.83)
- \_\_\_ \_\_\_ 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 (50%) is required before treatment begins.

If fleas are found on my pet during examination, I authorize the doctor to apply a treatment of Frontline® or Revolution® 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:** \_\_\_\_\_