

# Day Admission Form

THIS IS A LEGALLY BINDING DOCUMENT - READ CAREFULLY BEFORE SIGNING

Staff Initial

Pet's Name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Phone number where you can be reached today: \_\_\_\_\_

## Is your pet experiencing...

- Vomiting    Diarrhea    Anorexia    Seizure Activity    Coughing    Sneezing  
 Physical Pain    Other

Where? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you brought food for your pet today, please provide feeding instructions.

\_\_\_\_\_

Do you have financial constraints?  
If so, please indicate here what  
your financial limitations are.

\_\_\_\_\_

Please list any medications/preventatives that your pet is currently taking.

\_\_\_\_\_

\_\_\_\_\_

If we are unable to contact you, would you like to continue forward with treatment?  
Please circle yes or no.

YES NO

In the unlikely event that my pet has a life-threatening emergency, I give the staff of FPAH permission to perform CPR on my pet. This would be at an additional cost.  
Please circle yes or no.

YES NO

Thank you for choosing Four Paws Animal Hospital as your veterinary health care provider. We are committed to your pet's treatment being successful and as cost effective for you as possible, while maintaining an atmosphere of superior customer service and patient care. The following is a statement of our Financial Policy. We ask that you please read and sign below. Full payment is due at the time service is rendered. We accept cash, debit, Visa, Mastercard, Discover, American Express, and Care Credit. We also accept personal checks that are run electronically and processed immediately at check out. We do not accept post-dated checks. A service fee of \$36.00 will be assessed for each returned check and/or certified letter that must be sent. If there are any questions regarding fees or charges, please inform your customer service representative or technician before any services are performed. We DO NOT offer payment plans of any kind. All discounts must be applied at the time of check-out and cannot be applied retroactively. Before any pet is admitted into the hospital, a deposit will be required before services are rendered with the balance due upon release. Four Paws Animal Hospital is not an animal shelter and does not accept surrenders. Any animal left in custody of the clinic for longer than 5 days past the scheduled pick-up date and time, with no effort made by the owner to communicate, shall be considered abandoned. Any animal abandoned at Four Paws Animal Hospital will be dealt with according to the discretion of the Four Paws Animal Hospital staff. Please make every effort to be available for discussion with the Four Paws staff while your pet is a guest with us, so that we can contact you regarding any recommended services or with an update on your pet's status. Four Paws Animal Hospital will use all reasonable precaution against injury, escape, or death of your pet and staff will not be held liable for any problems that arise provided the proper precautions are taken.

Signature \_\_\_\_\_

Date \_\_\_\_\_