

MAGAZINE ST.
ANIMAL CLINIC

*Your Pet * Our Team * One Family*

Patient Admission Form

Date In: _____

Date Out: _____

Owner: _____ Pet Name: _____

Preferred Method of Contact: Call Text Notes: _____

Phone Numbers – Daytime: _____ Evening: _____

In case of emergency whom else can we contact? _____ Phone: _____

Reason for visit: _____

Carrier/Leash/Item Description: _____ Weight: _____

Diet: Own Kennel Feeding Instructions: _____

Medications: _____

Additional Services Requested (Check all that apply): Sedation (If applicable)

Bath Shave: _____ Nail Trim Ear Cleaning Anal Gland Expression

Admission Requirements:

- All animals must be **FREE** of fleas. **If fleas are found, we will administer an appropriate flea product at the owner's expense.** (If you have a preference of product, please let us know.)
- All animals must be current on their vaccines. Delay of vaccine administration for medical reasons may be allowed if arrangements are made.
- We will make every effort to return all belongings in the condition they were dropped off, however **MSAC is not responsible for damages caused by laundry equipment or your pet.**

Emergencies:

I understand that in the event of an emergency, *Magazine Street Animal Clinic* will try to contact the owner/agent responsible for making decisions. However if unreachable, the staff **DOES** or **DOES NOT** have my permission to make any life-saving decisions required and I agree to be financially responsible for them. (Please initial in box.)

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Hurricane Evacuation:

In the event of a voluntary and/or mandatory evacuation for hurricane or other disaster or emergency, your pet **MUST** be picked up immediately. If you or your emergency pick-up contact cannot be reached, or are unable to pick up your pet, *Magazine Street Animal Clinic* will not be held legally responsible for your pet's safety or well-being. In the event that *Magazine Street Animal Clinic* must evacuate your pet to a safe area, you will be held financially responsible for travel and boarding expenses, as well as possible medical fees that will entail, including fees payable to any third person, clinic, or boarding kennel with whom your pet is placed for treatment or care. You will be responsible for making arrangements for picking up your pet at the alternate location, as well as paying *Magazine Street Animal Clinic* for all charges incurred as a result of your pet's evacuation and any other treatment or care that may have been rendered.

Emergency Pick-up Contact: _____

I state that I am 18 years or older and have the authority to make the above decisions regarding this pet. I grant *Magazine Street Animal Clinic* permission to post my pet's picture, story and medical information on social media. I am also financially responsible for services rendered due at the time for discharge. I have also been given a price quote if requested. **INITIAL:**

Furthermore, I understand that during the performance of the procedure(s) that I have authorized, unforeseen conditions may arise. Therefore, I hereby consent to and authorize the performance of such procedures as are necessary in the exercise of the veterinarian's professional judgment. I also do hereby acknowledge that I understand that there are no guarantees either expressed or implied that the procedures authorized will be without complications for unexpected events beyond the veterinarians and hospital's control.

X _____ Date: _____

Signature of Owner/Agent