



**SOUTH
WILTON
VETERINARY
GROUP**

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Wilton, CT 06897

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Medical Observation Admission Form

Client ID _____ Last Name _____ Patient Name _____

Arrival Date _____ Time _____ Discharge Date _____ Time _____

Vaccine Status and Other Service Requests: *(for office use only)*

Rabies due: _____ Distemper due: _____ Lyme due: _____ Feline Leukemia due: _____

Bordatella due: _____ HWT due: _____ Fecal due: _____

Nail Trim? _____ Wing/beak trims? _____ Microchip? _____ Other services/comments: _____

Services to be performed during stay: _____

Patient Admission Form for Medical Observation

This following is a routine patient admission release form that will outline the proceedings of your pet's stay with us.

All pets being admitted to the hospital must be up to date on necessary vaccinations. Your pet's vaccine status is indicated above. **Any necessary vaccines due will be administered today.** You should have been advised on whether or not a fast was required, and if so, for how long. The admission process involves signing a "permission to treat" and an estimate of the costs involved. A contact telephone number and a 50% deposit are required upon admission. If our doctors have any questions, they will contact you at the number left below.

Did you bring your own food for your pet? Y N If yes, what is it? _____

How much does your pet eat per day? _____

Did you bring any additional items with your pet today? If so please list them:

Did you bring any medications? Y N If yes, what are they and if the doses are not specified on them please indicate what you give in detail:

I understand and agree to everything stated in this document. Planned treatments for my pet have been explained to my satisfaction. I authorize South Wilton Veterinary Group to perform the scheduled service(s) and/or procedure(s) on my pet. If any medical distress occurs while my pet is here at the hospital, I authorize South Wilton Veterinary Group to perform treatments necessary to stabilize my pet in case the staff is unable to contact me. I agree to leave a 50% deposit toward the prepared estimate, and I am aware that payment in full is required upon the discharge of my pet from the hospital.

Signature X _____ Date _____

Contact Phone Number(s): _____