

**Crossroads Veterinary Hospital**

20345 SW Pacific Hwy Ste 208, Sherwood OR 97140  
 phone: 503-625-4404, fax: 503-625-5787

**Hospital Admission Form**

cvh@crossroadsvet.com  
 www.crossroadsvet.com

<b>Client Name</b>	<b>Pet Name</b>	<b>Date</b>
<b>Contact Name</b>	<b>Contact Phone</b>	<b>Contact Text</b> <input type="checkbox"/> AT&T <input type="checkbox"/> Sprint/TMobile <input type="checkbox"/> Verizon

**Reason for Admission**

**Boarding, Pick-Up Date:** \_\_\_\_\_

**Drop-Off Exam, Issue(s) to Address:** \_\_\_\_\_

**Hospitalization, Issue(s) to Address:** \_\_\_\_\_

**Surgery, Procedure:** \_\_\_\_\_  
 (If spay, note date of beginning last heat cycle, if any: \_\_\_\_\_).

**Testing:** \_\_\_\_\_  
 (If here for glucose curve, please note time fed: \_\_\_\_\_ and time and amount of insulin given: \_\_\_\_\_ U).

**If the pet is here for a drop-off exam, do we have consent to perform the following, if deemed necessary by the doctor?**

**Sedation**

**Lab Tests (Blood work, Urinalysis)**

**Radiographs (X-Rays)**

<b>Does the pet need vaccines?</b> <input type="checkbox"/> K9 Rabies <input type="checkbox"/> Fe Rabies <input type="checkbox"/> DHPP <input type="checkbox"/> FVRCP <input type="checkbox"/> Bordetella <input type="checkbox"/> FeLV <input type="checkbox"/> Influenza <input type="checkbox"/> Leptospirosis <input type="checkbox"/> Lyme	<b>Does the pet need a <u>microchip</u>?</b> <input type="checkbox"/>	<b>Does the pet need a <u>nail trim</u>?</b> <input type="checkbox"/>
	<b>Any special requests?</b>   	

**Is the pet on any medications?**

Medication Name	Strength	Amount to Give	Frequency / Time of Day	When was last dose given?

**Does the pet need food while here?**

Name of Food	Amount to Give	Frequency	Do we need to feed today?

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**For all hospital admissions:**

I am the Owner or Agent for the Owner of the above animal and have the authority to execute consent. I hereby consent to and authorize the performance of the preceding procedure(s) or operation(s). I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed which may necessitate an extension of the foregoing procedure(s) or operation(s). In some cases, different procedure(s) or operation(s) may need to be performed other than those set forth on the previous page above. Therefore, I hereby consent to and authorize the performance of such procedures and/or operations as are necessary and desirable in the exercise of the Veterinarian's professional judgement. I also authorize the use of the appropriate anesthetics and other medications and I understand that the Veterinarian will employ the hospital support personnel as deemed necessary. ***I assume responsibility for all charges and acknowledge that all charges must be paid at the time of release of the pet; also that a deposit may be required for any treatments or procedures.***

I acknowledge that I have been advised as to the nature of the procedure(s) or operation(s), and the risks that are involved. I realize that the results cannot be guaranteed. I have read and understood this authorization form and have given my consent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For all surgeries or anesthetic procedures:**

Having an intravenous catheter in place is vital for the safety of most anesthetic procedures. The intravenous catheter allows for fluid support to normalize blood pressure while anesthetized, as well as providing quick access to the vein in case of an emergency where medications need to be infused quickly. I understand the importance of an intravenous catheter, and acknowledge that one may be placed in my pet at the discretion of the Veterinarian.

Because no surgery is without some risk, it is advised to perform pre-surgical bloodwork and a pre-surgical CardioPet ECG prior to anesthesia. These tests inform us of the health and function of major organs such as the heart, kidneys, and liver—all organs that are either affected by anesthesia or are vital to the processing of anesthetic agents. Having this information prior to the induction of anesthesia is vital for the Veterinarian in order to choose the best anesthetic agents for your pet's procedure, or to decide whether the pet is healthy enough for anesthesia. I acknowledge that I have read and understood the importance of pre-surgical bloodwork and CardioPet ECG in a safe anesthetic procedure. I understand that there is an extra cost for the pre-surgical bloodwork and CardioPet ECG.

**Yes, I do** want the presurgical bloodwork and CardioPet ECG.

**No, I don't** want the presurgical bloodwork and CardioPet ECG.

Cost: \_\_\_\_\_

I acknowledge that I have read and understood the above paragraphs about intravenous catheters and presurgical bloodwork and pre-surgical CardioPet ECG.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For all dental procedures:**

During a dental procedure, the Veterinarian may find painful, loose, broken, or abscessed teeth that he or she may deem need to be removed. Sometimes these diseased teeth are not obvious until the patient is under anesthesia and a thorough oral exam is performed. Although the Veterinarian can call you prior to performing any extractions, please be aware that your pet will be under anesthesia and if you do not answer the phone call the Veterinarian will proceed with the necessary extractions in order to minimize your pet's time under anesthesia. Please note that the dental cleaning and prophylaxis is performed by a Veterinary Technician under the supervision of the Veterinarian.

**Yes, I do** want a phone call prior to dental extractions, but if I am unable to be reached, I authorize the Veterinarian to proceed with the procedure(s) that he or she deems in the best interest for my pet.

**No, I don't** need a phone call, please have the Veterinarian remove any loose, diseased teeth and contact me after the procedure is complete.

I acknowledge that I have read and understood the above paragraph about dental procedures and extractions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For boarding pets:**

Crossroads Veterinary Hospital shall exercise reasonable care for the pet delivered by the Owner to our facility for boarding. It is expressly agreed by the Owner and Crossroads Veterinary Hospital that Crossroads Veterinary Hospital's liability shall in no event exceed the lesser of the current chattel value of a pet of the same species or the sum of \$200.00 per animal boarded. The Owner further agrees to be solely responsible for any and all acts or behavior of said pet while it is in the care of Crossroads Veterinary Hospital. Any controversy or claim arising out of or relating to this contract shall be settled by arbitration in accordance with the rules of the American Arbitration Association, and judgement upon the award rendered by an arbitrator may be entered in any Court having jurisdiction thereof. The arbitrator shall, as part of his award, determine an award to the prevailing party of the costs of such arbitration and reasonable attorney's fees of the prevailing party.

I acknowledge that I have read and understood the above paragraph.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_