FOWLER
Inman Park Animal Hospital

# TREATMENT ADMISSION

OWNER _____ DATE _____ / _____ / _____

**PHONE #s** WHERE WE CAN REACH YOU:

( ) _____ ( ) _____ ( ) _____

Do you have a particular time you would like to pick up your pet? _____

* ALL PETS ARE DISCHARGED DURING NORMAL CLINIC HOURS; FOR BATHS PLEASE PICK UP **AFTER 4PM**

**Is someone else** picking up your pet? _____

---

* All boarding pets MUST be current on vaccines and free of parasites (fleas, ticks, etc.), or they will be treated upon entry at owner's expense.

**Pet's name:** _____

Treatment: (please check all that apply)

| | |
|---|---|
| **Canine vaccines:** | ☐ Rabies<br>☐ DHLPP ☐ Bordetella |
| **Feline vaccines:** | ☐ Rabies<br>☐ FVRCP ☐ FELV |
| **Check stool for worms** | ☐ |
| **Test: heartworm** (dogs) | ☐ |
| **Test: FELV & FIV** (cats) | ☐ |
| **Bath** | ☐ YES ☐ With Flea Control |
| **Nail trim** | ☐ |

| | |
|---|---|
| **Other (please describe)** | |

I, the undersigned owner or authorized agent of admitted patient, authorize Kevin Fowler, D.V.M., and his designated associates and/or assistants, and/or staff, to administer such treatments and to perform such procedures considered therapeutically and/or diagnostically necessary for the care of said animal(s), including the administration of anesthesia.

I understand that no guarantee of successful treatment is made. I accept financial responsibility for the treatment of the patient(s) named, and I understand that payment in full is due upon the release of said patient(s) from the hospital or when service is terminated.

I hereby certify that I have read and fully understand this authorization for medical and/or surgical treatment, the reason why such medical and/or surgical treatment is necessary, as well as its advantages and possible complications, if any. I hereby release Dr. Fowler and his associates/assistants and/or staff from any and all claims arising out of or connected with the performance of his treatment.

**Authorization granted: ····· Sedation _____ X-Rays _____ Chems/CBC/UA _____**

**Signature of owner/agent:** _____